Apex Prime Care Ltd

Apex Prime Care - Highcliffe

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on the 29 and 31 August 2018 and was unannounced. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of our inspection there were 51 people receiving a service from the agency.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe and were supported by staff who understood how to recognise and report suspected abuse. People's risks were understood and actions were in place to minimise risks of avoidable harm including the risk of preventable infections. People received their medicines safely and staff understood the actions needed if an error occurred. Staff had been recruited safely including checks to ensure they were suitable to work with vulnerable adults. Staffing levels provided flexibility in meeting people's changing needs and included office staff carrying out care duties and staff supporting from a neighbouring Apex Prime Care branch. When things had gone wrong lessons were learnt and shared to improve learning and improve outcomes for people.

Assessments had been completed with people to gather information about their care needs and lifestyle choices. People had their eating and drinking requirements met as staff understood people's likes, dislikes and any barriers to eating a well-balanced diet. Assessments included any need of technology such as alarm pendants and these were then included in care plans for regular testing. Staff received an induction and ongoing training and support that enabled them to carry out their roles effectively. Working links had been developed with other professionals such as district nurses and occupational therapists which meant more effective health and welfare outcomes for people. People were supported with access to healthcare for both planned and emergency situations.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. A complaints process was in place and people felt if they raised concerns they would be listened to and actions taken. There had been no formal complaints since our last inspection.

People spoke positively about the care team describing them as kind, patient and caring. One person described how, when they felt low in mood, staff understood and, through encouragement, helped them feel better. People felt involved in decisions about their care including the care staff that visited them in their homes. People were treated with respect and dignity and described staff as supportive with helping them maintain their independence.

People had person centred care plans which reflected people's diversity and were understood by the staff team. Reviews took place at least six monthly with people and, if appropriate, their families. When changes in people's care needs were identified actions were taken to ensure the care provided reflected the person's changing needs and choices. Links with the community had been made which provided additional social support for people such as a dog walking befriending service. Assessments had been completed detailing people's individual communication preferences and these were understood by the staff team. People had an opportunity to be involved in end of life care plans which included a monthly review of any 'do not attempt resuscitation' decisions.

People, their families and staff described the office as well organised and always available when contacted. Staff understood their roles and responsibilities, felt communication was effective and felt listened to and appreciated by the management team. The registered manager understood their legal obligations for sharing information with CQC and safeguarding. Opportunities for engagement with people were available through meetings, newsletters and fund raising events.

Auditing and monitoring tools had been reviewed since our last inspection and were more effective in monitoring service delivery and areas of improvement. Face to face reviews with people and their families were used as an opportunity to gather feedback on the service. Some people had commented that they would like more consistency in the care staff visiting them. This was being addressed through recruitment of new staff.

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.

People were supported by staff who were aware of the actions needed if abuse was suspected and who respected people's diversity.

People had their risks assessed, monitored and reviewed and staff understood the actions needed to minimise the risk of avoidable harm.

Staff were recruited safely ensuring they were fit to work with vulnerable adults and provided flexible staffing to meet people's changing needs.

People received their medicines safely.

People were protected from avoidable infections.

Lessons were learnt when things went wrong and recognised as opportunities to review practice and improve standards.

Is the service effective?

Good

The service was effective.

Pre assessments were completed that collected information about people's care needs and lifestyle choices.

Staff received an induction and ongoing training and support that enabled them to carry out their roles effectively.

People had their eating and drinking needs understood and met.

Positive working arrangements with other health and social organisations enabled effective outcomes for people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and patient with people.

People felt involved in decisions about their care.

People had their privacy, dignity and independence respected.

Is the service responsive?

Good

The service was responsive.

People had individual care plans that reflected their changing care needs and choices and were understood by the staff team.

A complaints process was in place which people felt able to use if necessary.

People had opportunities to discuss end of life care plans including any cultural or religious requirements.

Is the service well-led?

Good

The service was well led.

Management of the service was visible and promoted an open, transparent culture.

Staff understood their roles and responsibilities and felt appreciated by the management team.

Opportunities were available for people, their families, staff and the wider community to be engaged and involved with the service.

Audits and quality assurance processes gathered information about service delivery and were effective in improving outcomes for people.

The registered manager understood their legal obligations for sharing information with other organisation such as CQC and local commissioners.

Apex Prime Care - Highcliffe

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 checked 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.

The inspection took place on 29 and 31 August 2018 and was announced. The provider was given 24 hours' notice. This was so that we could be sure the registered manager was available when we visited and that consent could be sought from people to receive home visits from the inspector.

The inspection was carried out by one inspector on both days. Phone calls to people were completed by an expert-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. They had experience in dementia care and care at home services. We visited the office location on the first and second day to see the registered manager and to review care records and policies and procedures.

Before the inspection we reviewed all the information we held about the service. This included notifications the service had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. we also contacted social care commissioners to gather feedback about their experience of the service.

We had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was reviewed prior to the inspection.

We visited two people and discussed their experience of the service. We had telephone conversations with three people and six relatives.

We spoke with the registered manager, administrator and four members of the care team.

We reviewed five people's care files, medicine records, three staff files, minutes of meetings, complaints and

audits.

We asked the registered manager to send us information after the visit. This included a completed communication assessment and a reviewed best interest decision for a person. This was sent to us on 3 September 2018 as agreed.

Good

Is the service safe?

Our findings

People and their families described the care as safe. One person told us "The girls are very respectful. I feel safe. Never rushed; I get plenty of time". A relative said "(Relation) always tells us she feels safe when the carers are with her". Staff had completed safeguarding training and understood their role in identifying potential abuse and how to report concerns. People were protected from discrimination as staff had completed training in equality and diversity and recognised and respected people's individuality.

Assessments had been completed that identified risks people lived with and described actions needed to minimise avoidable harm. When other professionals were involved in a person's care, for example nurses, social workers and speech and language therapists, they had been involved in assessing risks such as skin damage, mobility and choking. This information had then been used to create individual risk profiles detailing actions staff needed to take including how to recognise and report changes or concerns. When other professionals were not involved assessments had been carried out based on the assessing staff members training and experience.

We recommend that the service consider current guidance on using nationally recognised assessment tools for assessing risks to people and take action to update their practice accordingly.

Environmental risks to people and staff had also been assessed and included access to property, trips and hazards in the home. Risks were reviewed with people at least six monthly and changes shared with staff via a messaging system.

Staff had been recruited safely including checks with the disclosure and barring service to ensure they were suitable to work with vulnerable adults. Staffing levels were flexible. Staff working in the office and care staff from a neighbouring service were able to provide additional care hours when required. One person had been concerned they had not had enough allocated time to prepare for a hospital appointment. We read that the allocated time that day had been increased to meet their care needs.

People had their medicines administered safely. People needed a range of support from being prompted to take medicines to having staff administer medicines to them. This was clearly recorded in care plans. One relative told us, "The carers support her well and keep an eye on her medication". Where topical creams had been prescribed for people's skin conditions a body map showed staff where it needed to be applied and detailed how often. We checked medicine administration records which showed people had received their creams as prescribed. Records showed us that when errors had occurred they had been dealt with promptly ensuring the person's safety. Where appropriate, actions had been put in place to reduce the risk of further errors occurring. One example included disposing of out of date medicines to avoid them being mistakenly given.

People were protected from avoidable risks from infection as staff had completed infection control and food hygiene training. Staff had access to personal protective equipment (PPE) such as disposable gloves and aprons. The registered manager told us "We had to manage (an infectious condition) and staff had extra

PPE and public health were involved and provided support".

Lessons had been learnt when things went wrong and were seen as a way to improve practice. The care co-ordinator explained how a recent safeguarding incident had been discussed at a team meeting. They said "It's improved openness about discussing concerns".

Good

Is the service effective?

Our findings

People and their families had been involved in a pre-admission assessment which had been used to gather information about their care needs and lifestyle choices. People told us that at their assessments "they felt listened to". The assessment gathered information about a person's medical history and how they needed to be supported whilst reflecting their level of independence. The information had been used to create person centred care plans. Where assessments had included equipment, such as an alarm pendant, monthly tests to check effectiveness had been included in people's plans. A member of staff told us, "I always get the care plan emailed over (new clients) so I can read and know what to expect".

People were supported by staff that had completed an induction and ongoing training enabling them to carry out their roles effectively. For staff new to care inductions included the care certificate. The care certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. A care worker explained "I shadowed a carer for a couple of days and was offered longer shadowing if I wanted". Another carer explained how dementia training had helped them in their role. "It helps you understand to be patient. Every case is so individual".

Staff received regular supervision which included spot checks in people's homes and told us they felt supported in their roles. Opportunities for professional development had included staff undertaking national diplomas in health and social care. One care worker told us "I've learnt a lot. It's opened my mind to procedures and risks. Made me look at things differently".

People had their eating and drinking needs understood. One relative told us "They (care staff) make (relation) toast and a half a cup of coffee as they don't like a whole one". Daily notes recorded that people were offered and involved in making choices about their meals. A care worker explained how one person forgets they have eaten. They told us, "We have to manage this by ensuring little and often shopping for food". One carer told us how they sit with a person and plan the weekly shopping list. They told us "They love to eat sweet things but when planning a list together I suggest some salads or microwave meals".

The service worked with other organisations to ensure people had effective care. This included district nurses when people had wound care or diabetes. One person received support from an additional care agency once a day and Apex had shared risk assessments with them. Another person attended a day centre and links had been developed for sharing information whenever necessary.

Care files included details of people's health conditions, descriptions of the risks associated and signs to look for if a person's wellbeing appeared to be deteriorating and actions needed to be taken. An example included a person who had diabetes. It described signs of deterioration which included blurred vision, confusion and sweating. The action was to contact the district nurse team who supported the person with their diabetes care. One relative told us, "If (relation) is ever poorly, they contact the district nurse and also have liaised with a care line company. They are outstanding".

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. We checked whether the service was working within the principles of the MCA.

We found the service was working within the principles of the MCA. A care worker told us, "If people have capacity their choices are respected even if, in our view, it's not a good choice". However when people had been assessed as lacking capacity best interest decision records were not specific to one decision but combined a number of aspects of a person's care needs. This was not in line with best practice guidance. The registered manager told us that they would review any best interest decisions in line with the MCA guidance. Following our inspection we received a best interest decision completed correctly. Files contained copies of power of attorney legal arrangements for people, and staff understood the scope of decisions they could make on a persons' behalf. This meant people were having their rights upheld.

Good

Is the service caring?

Our findings

People and their families spoke positively about the care staff describing them as kind and caring. One person said "They (care staff) are brilliant. We get on; we speak the same language. They make me part of the group and not an outsider". A relative told us "They (care staff) talk to her on a human level, not clinical". Another said "The carers are very kind and go over and above. They talk to her as a person and have a laugh".

We were given examples of staff showing kindness, patience and understanding when helping people. One person said, "If I'm feeling sorry for myself they give me five minutes but then they pull me up. They encourage me and I definitely appreciate that". A relative told us, "The carer sat and painted her nails for her; my (relative) loved that". We read about one person who had contacted the office anxious they would miss a hospital appointment. They had been reassured by a reminder put in the diary to call them on the morning and remind them.

People and their families described positive relationships with care staff. The care co-ordinator explained that every effort is made to provide the same key care staff for people. They gave an example of a person who is very private with limited family.- "They have built up a rapport with their main carer. They have a really good bond and if something was wrong she would tell (carer). She confides in (carer)". One person told us how staff had come along to their birthday party. A relative told us "When (carer) is on holiday they send (relative) a postcard".

People felt involved in decisions about their care and told us they felt listened to and respected. One person told us, "If you don't want a particular carer they will respect that". The care co-ordinator told us people always get asked whether they would prefer a male or female carer to help them.

People had their privacy, dignity and independence respected. One relative told us, ""My (relation) is a proud lady and they treat her respectfully". Another said, "They encourage (relation) to do what they can but they are always there to help. They are very respectful". The care co-ordinator explained, "Dignity is discussed right from [the] interview stage". They went on to say, "This is why we have care plans as people do have specific likes and we have to respect their home and differences".

Good

Is the service responsive?

Our findings

People had care plans which reflected their personal care needs and choices and were reviewed with people and families at least six monthly. A relative told us, "We had a review two months ago due to (relative) having a couple of falls. It went well and now the flat has been kitted with equipment to support and (relative) has three carers a day now". Care staff were able to tell us how they met people's care needs and spoke positively about the systems in place to keep them informed of changes.

When needed, links with the community had been made to support people in their daily lives. Examples included a befriending dog walking service for a person who was no longer able to take their dog out, arranging with a local charity a weekly social visit for another person and a community bus taking a person for their weekly shop. We saw photographs of a fund raising cake sale and people and their families had been invited along. People who had not been able to get to the office but wanted to be involved had a cake box delivery. One person had an opportunity to attend a weekly community social event but on the day was always reluctant to go. A carer told us, "I've got a really good relationship with (name) so we changed my rota so that I'm there when (name) is collected. (Name) really enjoys it now. (Name) is creative, [and] loves telling you about her life".

The service met the requirements of the Accessible information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. A communication sheet had been started which detailed each person's communication preferences. One person had a dementia and a whiteboard was used to let them know the time the carers would next be visiting.

A complaints procedure was in place and people and their families were aware of it and felt able to use it if needed. One person told us, "If I have any worries, all I need to do is tell the girls and they feed it back to the office for me". The procedure included details of how to appeal against the outcome of a complaint and provided details of external organisations such as the local government and social care ombudsman. No formal complaints had been received since our last inspection.

People had an opportunity to develop care and support plans detailing their end of life wishes which included any cultural requirements and decisions on whether a 'Do not Attempt Resuscitation' (DNR) was in place. The end of life plan and DNR were discussed at each review and included details of where a DNR form was kept in the property in case of an emergency.

Good

Is the service well-led?

Our findings

People, their families and staff described the service as well led. One person told us, "I often have a good chat with the office; they know exactly what's what". People told us they could always get hold of somebody at the office. A care worker said, "It's a great office; supportive and organised". Staff felt listened to and able to share their views and ideas. A care worker explained "The office get things moving. Having that kind of support here for the benefit of our clients can't be faulted".

The management team provided visible leadership and at times worked alongside care workers providing care and support to people. The care co-ordinator had taken an opportunity for professional development and was completing a management and leadership qualification in health and social care. Staff felt appreciated. One care worker said "There's always a please and thank you (from the management team)".

Staff understood their roles and responsibilities and described communication as good. The registered manager explained that new technology was in the process of being introduced. This would further improve communication as the system recorded things as they happened such as changing a medicine record, care plan or staff rota.

The registered manager had a good understanding of their responsibilities for sharing information with CQC and our records told us this was done in a timely manner. Engagement with people, their families and staff was achieved through a range of methods. These included staff meetings, newsletters and fundraising events at the office. Staff meetings included sharing information about staffing vacancies, confidentiality and equipment testing.

Links with the community included supporting national fund raising events. The home had held a cake baking event to raise funds for an dementia charity. Links had also been made with voluntary groups such as a dog befriending service and a national charity..

Auditing and monitoring tools had been reviewed and were more effective in identifying areas of improvement. A peer review had been introduced and carried out by the regional manager. The audit monitored against 13 key outcomes for people including safe care, medicines, person centred care and complaints. When actions had been identified they were completed in a timely manner. An example had been one person having a new risk associated with their health which needed to be added to their risk assessment form. Face to face reviews took place with people and their families six monthly which included collecting views on the quality of the service. Some people requested more consistency in having a regular carer. The registered manager told us this was being addressed through recruitment of new staff.

The staff team worked with other organisations and professionals to ensure people received good care. Information had been shared appropriately with other agencies such as the safeguarding teams and social care commissioners.