

APT Care Limited

# APT Care Limited

## 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

### About the service

APT Care Limited is a domiciliary care agency providing personal care support to one person living in their own home. Personal care is help with tasks related to personal hygiene and eating, we also consider any wider social care provided.

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

The provider had systems in place to manage risks and keep people safe from avoidable harm. Staff followed good practice guidance to prevent the spread of infection and supported people to take their medicines safely.

People liked the staff that cared for them. Staff were kind and caring and made sure people's privacy and dignity was respected. People, and their relatives, were involved in making decisions about the care they wanted. Their preference for how staff delivered their care was recorded in their care plans.

Staff received training, supervision and support so that they could do their job well.

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.

Effective systems were in place to monitor and review outcomes for people. The provider had a complaints policy in place which was provided to people and relatives before care visits began.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 23 October 2020 and this is the first inspection.

### Why we inspected

This was a planned inspection based on the date of registration with the CQC.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# APT Care Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period of notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be able to support the inspection and provide us with information we requested.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our

inspections. We used all of this information to plan our inspection.

#### During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. Inspection activity started on 20 December 2021 and ended on 07 January 2022.

We spoke with the one person who used the service and their two relatives about their experience of the care provided. We spoke with the one member of staff currently providing care, who is also the registered manager.

We reviewed a range of records. This included the persons care records. We looked at files in relation to recruitment and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from harm. Staff had received safeguarding training as part of their induction and knew how to report any concerns. Training would be updated when necessary.
- People told us they felt safe. We were told, "I feel very very safe. Very confident."
- Relatives told us they were assured their family member was safe with the support they received from staff. A relative confirmed, "I do feel [relative] is safe, yes."

Assessing risk, safety monitoring and management

- People had individual risk assessments in place to guide staff. These included both environmental risk factors and individual health risk assessments.
- Staff providing the care had time prior to delivering care to read and understand the person's care plan and risk assessments. Records were reviewed regularly and updated if changes to the persons needs occurred.

Staffing and recruitment

- The provider had a recruitment process which ensured staff were suitable to work for the service. Records showed, the process had involved a Disclosure and Barring Service (DBS) record check and previous employment checks.
- At the time of our inspection, the registered manager was in the process of recruiting staff to the team. Only the registered manager was currently delivering care.

Using medicines safely

- People's care plans guided staff in the level of help people needed to take their medicines.
- Records showed, and staff confirmed they had received training in medicine administration and had received a spot check from their manager to ensure safe practice.

Preventing and controlling infection

- The registered manager had up to date policies and procedures in place to safeguard people and staff and reduce the risk of transmission of infection.
- The service had a plentiful supply of personal protective equipment (PPE) to prevent the spread of infection. People confirmed that staff wore PPE when visiting in people's homes.

Learning lessons when things go wrong

- At the time of our inspection there had been no concerns or complaints raised, or incidents in the time

since the service opened. The registered manager did however have processes in place which would monitor trends and themes if anything arose.

# 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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager met with people new to the service to assess their needs and agree the support the service could offer. Relatives confirmed that everything was agreed and in place before the care visits began.
- Care plans contained information about people's diverse needs and included any preferences in relation to culture, religion and diet.

Staff support: induction, training, skills and experience

- Staff received the training needed to ensure they could deliver support safely. Staff had received induction training when they first started working for the service. The registered manager had completed the manager induction standards and was also in the process of completing a recognised qualification in health and social care management.
- Staff received supervision as individual meetings and could also contact management for support in between these meetings. Staff received a yearly appraisal.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- People had care plans in place which contained information regarding nutrition and fluid needs. This included relevant guidance if necessary, and people's personal preferences.
- Staff worked with guidance and information from external health and social care professionals including specialist healthcare services and GP's. This was to promote people's well-being and deliver effective care and support.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of



Protection for them to authorise people to be deprived of their liberty.

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

- Staff knew how the MCA applied to their work. They understood the importance of giving people choice and respecting the choices which they made. This was also reflected in peoples care plans.

# 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.

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

- People and relatives made positive comments about the registered manager and the service they received. A person said, "[Registered manager] is a very caring lady. She chats away and makes me feel so comfortable. She is very attentive and caring."
- People's care plans had enough guidance for staff to follow to ensure that people were well treated and supported. People's preferences and what was important to them was clearly documented in their care plan to ensure that staff understood what was important to them.
- People and relatives told us staff took the time to talk to them during their visits. One relative said, "[Relatives] can really talk to [registered manager]". A person said, "[Registered manager] comes, she is very caring and listens to me and everything I have to say. She is very attentive, she has just been very very good."

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

- People felt that had been involved in making decisions about their care and had been given choice.
- People told us that their request to have the same carer every day had been listened to and agreed with. This did at times mean there would be the odd occasion that a carer could not visit, however the person was happy with this.

Respecting and promoting people's privacy, dignity and independence

- People were satisfied that staff respected their privacy and dignity. A relative told us that staff ask them for consent when supporting people and told us, "Everything that is done is done with my [relatives] permission."
- The service kept people's information in people's homes and also stored people's personal information securely.

# 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 good. This meant people's needs were met through good organisation and delivery.

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

- People and their relatives told us they were involved in the development of their care plan. We were told that the registered manager met with them before the care visits started and everything was 'agreed' in advance. Relatives confirmed that the care and support was person – centred led, we were told, "[Relative] is definitely in charge - she will say what she wants".
- People told us staff supported people in a way that met their individual needs and preferences. People and relatives were very positive with how people's needs were being met. People told us that the registered manager had set them personal goals and challenges for them to meet. This had motivated the person, and from our discussion had had very positive outcomes for the person.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans showed that people's communication needs had been considered and gave clear guidance on whether people needed support or used equipment to support their communication.

Improving care quality in response to complaints or concerns

- The service had systems in place to deal with any concerns or complaints.
- Relatives were confident they could raise any concerns with the registered manager if they occurred. No complaints had been made to the service, a relative told us, "I can't find any fault at all."

End of life care and support

- Staff were not currently supporting anyone who was at the end of their life. Staff had received training in end of life care.

# 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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was committed to developing a person-centred culture within the service. They understood their responsibilities to ensure people received the care they needed and was committed to providing a good service for people.
- People and relatives appreciated that they had the same member of staff visit them. The registered manager understood that this was important to them.
- People and relatives spoke very positively about the registered manager and the care and support they provided. We were told, "My [relative] getting well again has all been to do with [registered manager]. She has given my [relative] her confidence back. She is so good at what she does she will see herself out of a job".
- Relatives told us that they were so confident with the service and the care provided, they had recommended the company to other people.

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager used information gathered from audits and feedback to develop the service and make improvements.
- The registered manager had good knowledge regarding their responsibility to report notifiable incidents or events to the Care Quality Commission and Local Authority.
- People and their relatives were given the opportunity to provide feedback regularly to the registered manager.

Continuous learning and improving care

- The registered manager reflected on times they had been able to improve the care they offered. They told us that through their training and registration they had been able to further their knowledge and put this into practice.

Working in partnership with others

- The registered manager worked in partnership with other professionals and agencies, such as the GP and other health care professionals and the local authority to ensure that people received joined-up care.

