APT Care Limited

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## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

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|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Good** |
| Is the service caring? | **Requires Improvement** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

APT Care Limited is a domiciliary care service providing personal care and support to people in their own homes. They care for people on a long term and short term basis. Short term packages are usually as a result of hospital discharge and the service works flexibly to ensure people's care needs are met with short notice, before more established care packages can be set up for them. At the time of our inspection there were approximately 120 people receiving care from the service, around 30 of which were in receipt of short term care packages.

This inspection was carried out on 26, 27 and 28 July 2017 and was announced. When we last inspected the service, it was rated as 'requires improvement' overall. Responsive was rated 'inadequate'; safe, caring and well-led were rated as 'requires improvement' and effective was rated 'good'. At that inspection we also identified two breaches of legal regulations. We fond that the service was no longer in breach of any regulations at this inspection.

The systems in place for the management of medicines were not always safe and medicines were not always correctly accounted for. During this inspection we found that there had been improvements to the ways that medicines were managed. These systems had highlighted and reduced recording errors, however; further work was needed to ensure that improvements continued in this area.

We also found that action had not always been taken in response to complaints and people did not always feel that they would get a satisfactory outcome as a result of their complaints. During this inspection we saw that complaints had been well managed and responded to. The service still had areas to develop, in particular demonstrating how they used complaints and positive feedback to develop the service.

The service had a registered manager in post. 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 and their relatives did not have regular contact with the registered manager, however; they felt well supported by members of care and office staff and had no concerns about the way the service was being run. Staff also felt well supported by the registered manager and the provider and received the training and supervision they needed to perform their roles. There were management and quality assurance systems in place, however; these were not completed on a regular basis and there was no clear evidence to show how they were used to help improve the service.

People generally felt that their privacy and dignity were promoted by the service, however; there were occasions when this was not the case. Staff were reported to sometimes speak in languages other than English or to use their mobile phones during visits, which made people feel uncomfortable.

Care plans were in place for people and work had been carried out to help develop and improve these. Further work was needed to continue this improvement and to ensure that all care plans were reviewed and updated on a regular basis. In addition people's involvement in the planning and reviewing of their care was not always clearly evidenced.

People felt safe with the care they received from the service. Staff members were knowledgeable about abuse and the reporting procedures they should follow to safeguard people against it. There were systems in place to record accidents and incidents and potential abuse was reported when necessary. There were sufficient numbers of staff to meet people's needs. There were occasions when call times differed from people's expectations, due to the flexible nature of the care provided by the service. There were risk assessments in place to help manage risks to people's health and well-being.

The service had a positive and open culture. People were happy with the care and support they received and staff treated people with kindness and compassion. Where necessary, staff members provided people with support to meet their nutritional needs and preferences, as well as supporting people with healthcare appointments and referrals if required. People's consent was sought by members of staff and there were systems in place to ensure the principles of the Mental Capacity Act 2005 were being followed.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe.

Systems for the administration of people's medicines had improved, but more work was still needed in this area.

Staffing levels were sufficient to meet people's needs. Due to the flexible nature of the service, people's call timings sometimes changed. Staff recruitment procedures were being improved.

People felt safe when receiving care from the service. Accidents and incidents were recorded and potential abuse was responded to.

Risk assessments were in place and the provider planned to further improve the systems in place for risk assessment.

### Is the service effective?

**Good**

The service was effective.

Staff members received the training and support they needed to meet people's needs.

People's consent was sought and systems were in place to ensure the principles of the Mental Capacity Act 2005 would be implemented where necessary.

Staff supported people with their nutritional needs where required.

Health needs were also supported and referrals made to appropriate professionals.

### Is the service caring?

**Requires Improvement**

The service was not always caring.

People's privacy, dignity and respect were usually upheld by staff however; at times staff used their mobile phone or spoke in languages that people did not understand.

People saw regular, familiar staff who treated them with kindness and compassion.

Care plans were produced with people's involvement and they were provided with the information they needed about the service.

## Is the service responsive?

**Requires Improvement**

The service was not always responsive.

Improvements had been made to the systems for handling complaints. Further work was needed to show how complaints and positive feedback was used to develop the service.

People received person-centred care from the service. Some improvements were needed to the process for reviewing and updating people's care plans.

## Is the service well-led?

**Requires Improvement**

The service was not always well-led.

People and their relatives felt well supported by staff at the service, but did not have regular contact with the registered manager.

The provider had made improvements to the quality assurance processes at the service. Further work was needed to ensure these processes were robust and used to improve the service.

There was a positive and open culture at the service.

# APT Care Limited

**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.

This inspection took place over 26, 27 and 28 July 2017 and was announced. We gave the service 48 hours' notice of the inspection because they provide a domiciliary care service and we needed to be sure that they would be in. The inspection was carried out by one inspector who visited the service's office on the first day of the inspection process. On the second and third day of the inspection two Experts by Experience conducted phone calls to people receiving care from the service and their family members. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held about the service. This included previous inspection reports and statutory notifications which the provider had submitted to us. Statutory notifications contain key information about important incidents and events which take place at the service, such as safeguarding alerts, which providers are legally required to send to us.

During the inspection we spoke with 17 people who received care from the service, as well as 12 of their relatives. We also spoke with six members of care staff and five members of office staff. In addition we spoke with the quality and compliance manager, the deputy manager, the registered manager and the director.

We reviewed the care and support plans for 10 people to see if they were accurate and up-to-date. We looked at other records in relation to the management and running of the service, including six staff recruitment files, training and supervision records and quality assurance and monitoring procedures.

Requires Improvement

# Is the service safe?

## Our findings

During our previous inspection in November 2016 we found concerns in relation to the management of people's medicines. There were errors regarding the way that medicines were administered and recorded which resulted in occasions when people did not receive their medicines correctly. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that improvements had been made to the way that medicines were managed at the service. Staff members received regular training and competency assessments to ensure they were able to provide people with their medicines correctly. The provider had also implemented and improved systems for reviewing medicines records and taking action if required.

People told us that staff members provided them with the support they needed to take their medicines. One person said, "They supervise me so I take the correct doses." Another person told us, "Yes they do give me my tablets." Staff members told us, and records confirmed that there was training in place for members of staff, and that their competency was assessed before they were able to administer medicines.

We spoke with one member of the administrative team who was responsible for checking Medication Administration Record (MAR) charts. They collected all MAR charts on a regular basis and made sure staff members had up-to-date ones in place to administer and record people's medicines correctly. We saw that they reviewed the charts which were collected for mistakes or errors. There were a number of minor recording errors, however; we saw that there was a trend of improvement since these measures had been put in place.

Staffing levels were sufficient to meet people's needs, however; there were some inconsistencies with the timings for when people received their care visits. One person told us, "They have never missed a call. They can be late if they get backed up or had an emergency somewhere." A relative told us, "We cannot be certain what time they should come. They seem to have a window of time."

People told us that they usually saw regular members of staff, which helped to ensure they received consistent care. One person said, "I have a usual team of carers." Another told us, "I have the same ones usually."

We spoke with the provider about call timings. They explained that the service provided care to a group of people who required flexibility in the way their care was provided. As the service worked closely with the hospital to support people in their discharge, they supported new people on a daily basis. This resulted in changes to staffing rotas each day to ensure that people's needs were met. The office staff explained to us that they worked hard to ensure that each person's needs were met with as little disruption as possible. They also told us that there was some flexibility built into people's care packages and that office and care staff worked hard to try to ensure that people's care was provided in as timely a manner as possible.

At our last inspection we found that staff recruitment procedures were not always robust. The service had

not always sought previous employment references for staff and personal references were used instead. During this inspection we found that there had been some improvements in this area. The provider showed us that full references were sought for new staff and that Disclosure and Barring Service (DBS) criminal record checks were carried out.

We did find that some elements of staff recruitment were still informal and were not supported by detailed records. For example, staff interviews were carried out and the provider also spent time with staff in training to see if they were of good character before they started working. However; these processes were not documented, therefore there was no evidence that this had taken place. The provider assured us that they would implement systems to improve the documentation of the recruitment process.

People felt safe when receiving care from the service. One person told us, "I feel very safe with them, they are very good." Another person said, "Yes I do feel safe with all of them." Relatives also felt their family members were safe. One told us, "Yes I think she is safe with them, we are very happy with them."

All the staff we spoke with had a good understanding of abuse and the procedures in place for reporting incidents. They told us that accidents and incidents were reported to the office and appropriate action was taken in response. Records showed us that this was the case and potential safeguarding concerns or incidents of abuse were explored and reported to external organisations, such as the local authority safeguarding team, as required.

Risk assessments were in place to help assess risks to people and provide staff with the guidance they needed. However; people and their relatives were not always aware of the content of their risk assessments. One relative said, "I can't remember a risk assessment being done."

We spoke about risk assessments with the provider. They showed us that risk assessments were in people's care plans and we saw that they were specific to people's needs. We also discussed routine monitoring of the risks to people's well-being, such as falls, pressure care and malnutrition. We found that these areas were covered in the risk assessments which were in place, however; detailed assessment tools, such as a Waterlow tool to monitor risks of pressure wound, were not used. The provider showed us that these tools were in place elsewhere within the provider group and would take steps to implement them at the service as well.

Good

# Is the service effective?

## Our findings

People told us that staff members had the training they needed to meet their needs. One person told us, "Yes they are very well trained." Another said, "They send new ones to observe for a while until gradually they can work their way up." A relative told us, "They are well trained, they are doing a good job."

Staff members also told us that they received regular training and support to help them perform their roles. They explained that new staff completed a series of induction training sessions, before they started working with people. A staff member said, "We do a few days of training in the office and then shadow other staff." The provider confirmed that new staff shadowed other staff members until they were confident that they could perform their roles. Records confirmed that induction training took place and that staff members received regular on-going training and refresher sessions to help develop and maintain their skills.

There were also regular supervisions for staff members. One told us, "We have supervisions every few months and they do spot checks as well." We saw supervision records were in place for staff which recorded conversations about the service and the people it supported, the staff member, their development and any concerns they may have.

People and their relatives felt that their consent was sought before staff members provided their care. One person said, "They say is it okay?" Another person told us, "Yes they ask if it is okay if they do whatever." When we asked a relative if staff sought people's consent they said, "Yes I believe they do." We saw that consent was recorded in people's care plans and where people were unable to sign, statements were in place to explain why, for example, due to a physical health condition.

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 that none of the people being supported by the service had been assessed as lacking mental capacity. As such, they were able and encouraged to make their own decisions at all times. The provider showed us that they had assessments and procedures in place to assess people's mental capacity if it were in doubt, to ensure that the principles of the MCA were upheld.

Where necessary, staff members supported people to manage their diets and nutritional intake, however; people were encouraged to be as independent as possible. One person said, "Yes they help me with my meals." Another said, "No, I manage my own meals."

Staff members told us that they knew who needed what support, as well as any specific dietary or cultural requirements they had. Care plans provided staff with details of the support they should be providing to people, as well as information regarding their specific likes and dislikes.

Staff members were also able to support people with maintaining their health and well-being. The people we spoke with were happy to manage their own appointments, or seek the support of their family members however; if necessary the service would support people. We saw that health needs were recorded in people's care plans and that referrals to professionals such as GPs or district nurses were made in a timely manner.

Requires Improvement

# Is the service caring?

## Our findings

People told us that members of staff usually treated them with dignity and respect. One person said, "They know me well now and they make me feel very comfortable when they are helping me shower." Another person said, "They are all very respectful, but friendly too." A relative told us, "The carers are very respectful whey they are helping [family member]."

However; some people told us that, at times, staff communication was not as good as it could be, including staff conversing with one another in a language other than English. One person told us, "They speak in their own language." They went on to say, "Makes me feel awkward and uneasy."

Some people also told us that some staff members used their mobile phones during a visit, once their care tasks had been completed. One relative told us, "One sits with her mobile when she's done." This meant that staff were not always using this time to interact with people and develop their relationships with them and made people feel uncomfortable.

Staff members told us that it was important to them that people were treated well and in a dignified manner. One staff member said, "They are like family to me so I make sure I treat them as if they were." Staff members received training in dignity and respect and their performance in this area was monitored through supervision and spot checks.

People felt that staff members were kind and caring and treated them with compassion. One person told us, "Very caring, very pleased with them all." Another person said, "I think they are very caring, I have known most of them for a very long time now." This helped people to feel comfortable and relaxed when staff members visited them in their homes and confident that they would get the care and support they needed.

People told us that staff were attentive to their needs and did not make them feel rushed. One person said, "They help me have a wash and they help me get dressed, and they take the time do to that okay. They chat and make me feel okay. There's no rushing."

Relatives also told us that staff members treated them and their family members with kindness. One relative said, "Yes definitely and they are a good back up for me. Very helpful people." Another relative told us, "Yes they are all very good." Whilst there had been some issues with the timings of some people's care visits, people and their relatives told us that they saw regular staff members and were able to develop positive relationships with them.

We spoke with people about the process for planning their care, with mixed feedback. Some people were aware that they had a care plan in place, whilst others were not so sure, but were aware that an assessment process had been carried out. One person told us, "They did an assessment in hospital, is that it?" Another person said, "I don't know if I have one of those." One of the relatives we spoke with said, "Yes she [family member] does have a care plan and I am involved in it."

We spoke with the provider who told us that each person had a care plan in their home, which was duplicated in the office. We saw that there was evidence of people being involved in their care plans and that people were provided with information about the service and the care they should expect. This included important contact information and how to make a complaint.

Requires Improvement

# Is the service responsive?

## Our findings

During the last inspection in November 2016, we found concerns in relation to the way in which complaints were handled by the service. People and their family members did not feel that their concerns and complaints were properly responded to. Concerns were not addressed and there was a lack of action to drive improvements as a result of the complaints received. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

During this inspection we found that improvements had been made in this area. People told us that they felt any concerns or complaints they raised were listened to and there were improved systems in place to record complaints.

People were generally happy with the care they received and most had not felt the need to raise complaints, however; they were clear on the provider's complaints procedure. When they did raise any sort of concern, they felt the service and provider listened to them and took appropriate action. One person told us, "I would ring the office if I had any complaints." Another person said, "I would [complain] if I needed to." Relatives also told us that they were able to make complaints if they were unhappy with the service provided. One relative said, "We would have no qualms complaining."

The provider showed us that there was a system in place to record complaints and log the outcome of each complaint. We noted that those complaints which had been raised had been responded to, however; we discussed with the provider that they could record more detail in the future. There was a lack of information about how complaints were used to drive improvements across the service, or to demonstrate that learning had taken place as a result of people's experience.

We also discussed positive feedback with the provider. They showed us that they had received a number of thank you notes and compliments from people and their families, however; the system for documenting these was not as robust as the complaints procedure. The provider told us that they would improve the system for this and also showed us that they completed satisfaction surveys, to provide people with the opportunity to give feedback about their care. These were conducted on an annual basis and approximately 40 phone calls were made by one member of staff each month, to speak with people and their relatives to see how they felt about their care and support.

People received person-centred care from the service, however; the care plans in place did not always reflect this. People told us that staff members knew them well and were able to meet their specific needs.

People who were receiving care from the service following being in hospital told us that staff members came to assess them and their needs as soon as possible. One person told us, "They did an assessment in hospital." Staff members explained that this assessment was used to help identify the areas of need that each person had. Due to the short time frames involved, with some people needing a care package to be initiated on the day they were referred to the service, these assessments were brief and only dealt with people's key care needs.

The care plans we reviewed showed that these assessments took place and were used to help design people's care plans. The care plans which were put in place detailed the action that staff members should take on each visit, as well areas of strength which people were able to complete for themselves, such as washing and dressing. The format for care plans had been updated to include information relating to people's specific goals and aspirations for their care, such as remaining as independent as possible and being able to make their own decisions about their care and support arrangements.

The provider informed us that care plans were reviewed if people's needs changed and were updated accordingly. We saw that care plans were generally up-to-date and had been formally reviewed on an annual basis. However; we did see that one care plan had not been reviewed since 2015 and there was nothing to demonstrate that care plans were continually reviewed and updated throughout the year.

We discussed this with the provider and they had also identified this as an area for improvement. They were in the process of promoting some staff into senior care roles, with the aim to spread some of the administrative work across more members of staff. This would then create more time for staff to complete regular care plan reviews and ensure they were as up-to-date as possible.

Requires Improvement

# Is the service well-led?

## Our findings

There was a registered manager in post at the service, however; people and their relatives told us they did not have much contact with them. They told us that if necessary they were happy to make contact with staff from the office and found that they were able to meet their needs, however; the registered manager did not regularly get in touch with them. One person told us, "No we don't know the manager but people in the office are helpful." Another person said, "I don't know who the manger is but the people in the office can be helpful when needed."

People and their relatives also told us that they did not always get information and updates from the provider. Some people told us that they were contacted if there were updates or changes, for example delays to their visit times, however; not all people felt they were updated often enough. They also told us that the service did not send out any general information or updates about the service. One person said, "No not really." A relative said, "No we don't receive any information from them."

We spoke with the provider about how information was shared with people and their relatives. They told us that the service used a secure electronic messaging service to share important information with all staff members on a daily basis, however; there was not such a system in place to share information with people and their relatives. The provider told us that they had identified this as an area in need of development and had plans to produce a regular newsletter to send out to people to share important information and updates.

The provider had made improvements to the quality assurance systems which were in place at the service. For example, they showed us that they had implemented a process for checking medicines records which had reduced recording errors at the service. There was also a general quality audit process in place, however; this had not been completed on a regular basis. The provider acknowledged that they had not formally completed these processes, but were always looking for ways to try to develop the service. They assured us that future work would take place in terms of implementing regular checks and audits to enhance the way the service assessed and monitored the quality of care the service provided.

We also spoke with the provider about how they were working to drive improvements. Throughout the inspection we saw that there were changes which had been implemented by the service, however; there were no action plans to show how these improvements had been identified, or areas for future development and improvement. The provider told us that as they improved the quality assurance processes at the service, they would also improve the documentation and evidence of the action they had taken.

There was a positive and open culture and ethos at the service. People and their relatives told us that staff were motivated to perform their roles. One person said, "They all seem happy in their work." Another person told us, "They are happy when they are working here. They seem to be upbeat, friendly and nice."

Staff members told us that they enjoyed working at the service and were motivated to perform their roles. One staff member said, "I love my job, I enjoy meeting people's needs." Staff told us that the provider and

registered manager were supportive of them and always approachable if they had any concerns or problems.

Staff members also told us that they were aware of the need to be open at all times, which included following the provider's whistleblowing procedures. One staff member said, "Yes I would report any concerns to keep people safe." Staff were prepared to contact external organisations such as the local authority or Care Quality Commission (CQC) if they had concerns and did not feel appropriate action was being taken in response to them.

During the inspection we saw that the provider worked to ensure staff welfare was maintained and took the time and investment to support staff and motivate them. We saw that they held meals with staff to celebrate important cultural events such as Eid and Christmas. We also saw that at a recent staff meeting the provider had acknowledged those members of staff who had worked for the service for a number of years with a gift and thanks, which helped to show staff that they appreciated their commitment and hard work.