Apex Prime Care Ltd

Apex Prime Care - Gillingham

Inspection report

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Date of inspection visit:
24 February 2020
25 February 2020

Date of publication:
17 March 2020

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
Apex Prime Care Gillingham provides domiciliary support services to people in their own homes. It provides a service to older people and younger adults some of whom have a physical disability, sensory impairment or dementia. At the time of our inspection there were 179 people receiving a service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
People were supported by staff who had received safeguarding training and understood how to keep people safe from harm or abuse. People's individual risks were assessed and managed without being restrictive.

The service had a recruitment and selection process that helped reduce the risk of unsuitable staff supporting people. Medicines were managed safely and administered as prescribed. Learning identified from accidents and incidents was shared with people and staff to reduce the chance of them happening again.

People's needs were assessed with their involvement and, where appropriate, those important to them. Initial assessments captured people's needs, likes, dislikes, abilities and background.

People were supported by staff who had an induction, training and ongoing competency checks. Staff received supervision and annual appraisals. People were encouraged and supported to eat and drink sufficiently. The service understood the importance of timely contact with health professionals to help keep people healthy. Where people's health needs changed staff supported or encouraged them to contact health professionals such as GPs, dentists and district nurses.

Staff understood the importance of offering choice and support in line with what people needed and preferred. 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.

Staff consistently asked for people's consent before offering to support them. Where people lacked capacity to make particular decisions they were supported by staff who understood the principles of the Mental Capacity Act 2005. The service ensured that only representatives with the correct legal authority were asked to sign to give consent on behalf of people who are assessed as lacking capacity to make certain decisions.

People, relatives and a professional told us staff were kind and caring. Staff understood how to help maintain people's privacy and dignity. People were supported by staff who had got to know them well. People were encouraged to maintain their independence.

People were supported in line with their assessed needs. Where people's needs changed their care was amended to reflect this. People told us they were supported to make decisions about the support they received. One person told us, "They [carers] are wonderful. I can't fault them." People's specific communication needs were known, respected and met. When required these were shared with professionals, for example hospital staff.

There was an open and supportive culture at the service. Staff were encouraged to contribute their views and ideas during team meetings.. Staff said they got on well and enjoyed their jobs. They told us they felt supported and listened to by the registered manager and colleagues. A staff member said, "[Name of registered manager] has been brilliant to work with." Staff were praised for good practice and were given opportunity to progress.

Audits were undertaken to help maintain the quality of the service and identify where improvements could be made. The service sought feedback from people and their relatives twice a year. The feedback in December 2019 was almost entirely positive.

The service had established and maintained good working relationships with other agencies such as GP surgeries, district nurses, occupational therapists and social work teams. People and relatives told us this had enabled them to remain well in their homes for longer. Community fundraising events had been held to benefit care industry charities.

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

Rating at last inspection
This service was registered with us on 20/02/2019 and this is the first inspection.

Why we inspected
This was a planned inspection based on the date the service first registered with us.

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.

Apex Prime Care - Gillingham

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector and 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.

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 and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 February 2020 and ended on 25 February 2020. We visited the office location on both dates.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We contacted commissioners and a local authority safeguarding team for feedback. We used all of this information to plan our inspection.

During the inspection
We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, care coordinator, quality manager, regional manager, senior care worker and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We received email feedback from a professional who regularly visits people supported by the service.

Good

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; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were protected by staff who had a good understanding of the signs and symptoms that could indicate they were experiencing abuse or harm. Staff understood how to raise concerns internally and to external agencies such as the local authority, CQC and police.
- People had risk assessments which detailed the control measures required to help them minimise the risks in their lives without being restrictive. People's risks included: mobility, skin integrity, swallowing and dietary intake. For example, one person's plan advised: 'Please ensure I stay hydrated as this will minimise the risks of a urine infection.'
- The service had a lone working policy. Staff were given advice and 24-hour emergency telephone backup, with tiered management support, to help them stay safe when travelling and working in the community.
- General environmental risks in people's homes were assessed such as home security, pets, passive smoking, trip hazards and fire safety. With consent, people were referred to the local fire service and community police if concerns were identified.
- The service used a password protected phone application which enabled information to be recorded following care visits and the sharing of alerts between care staff and the office. The quality manager said, "The system allows quicker identification and resolution of problems."
- Electronic care planning software allowed the recording and tracking of accidents and incidents. Learning derived from monitoring this data was shared with staff in real time via messaging, in team meetings and during supervision.

Staffing and recruitment

- There were enough staff to support the number of people they visited. The care coordinator used electronic care planning software which identified staff availability to undertake visits, people in hospital and 'traffic light' coding to flag people with priority needs such as time specific medicines, day centres or health appointments. This also helped at times of adverse weather.
- People told us that the majority of the time they had the same carers. The system the service used noted how many times carers had visited people so, wherever possible, people could be matched with carers who knew them well. People and relative comments included: "They are very good and I have got to know them well", "We mostly get regular carers" and, "[Family member] feels safe because it's mostly the same carers."
- People received weekly rotas which they could choose to have by post, email or hand delivered by care staff. People commented, "I get a rota telling me who is coming. I get it on my phone", "The carers tell me when they are coming", "The office phone me every Friday to let me know who is coming", "We are given a rota of carers weekly" and, "We set times [name] preferred and we pretty much have those times now."

● People said staff were usually on time but this could be affected by traffic or needing to respond to an emergency on an earlier visit. One person said, "They are rarely late." Another person commented, "Generally they are on time and occasionally they are early."
● The service had robust recruitment and selection procedures. Checks had been done to reduce the risk that staff were unsuitable to support vulnerable people.

Using medicines safely
● Medicines were managed safely by staff who had received the necessary training and competency assessments. People's electronic medicines administration records were complete.
● People received their medicines on time and as prescribed. This included for time specific medicines and topical creams. A relative told us, "My [family member] is PEG fed and [their] water and medicines need to be done on time. They [staff] are very good on time."
● Where people were prescribed medicines they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.
● Daily notes confirmed best practice was being followed such as not leaving medicines out for people who were unable to safely self-administer.

Preventing and controlling infection
● Staff understood their responsibilities with regards to infection prevention and control and told us they have a good supply of personal protective equipment.
● Staff had received training in food hygiene.

Good

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

- People had an assessment prior to them receiving a service. This captured their needs, abilities and their preferences. At this time a mental capacity assessment was also undertaken to determine a person's ability to consent to care and support.
- People received care and support which was planned and delivered in line with current legislation and good practice guidance for example with regards support with medicines, moving and handling and oral hygiene.
- Information was shared in real time between care staff and the office using smartphones. This helped to identify, flag and resolve issues in a timely way. Sometimes poor signal strength in rural areas meant there were delays in care staff being able to upload their daily notes at the end of visits. This was being monitored by management.

Staff support: induction, training, skills and experience

- New staff had an induction which included shadow shifts with more experienced staff and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.
- Staff received supervision, appraisals and ongoing spot checks that provided opportunity to check service quality, discuss practice concerns and career progression. Spot checks covered areas including: timekeeping, communication, use of protective equipment and safe use of equipment.
- Staff received training to help them meet people's needs competently. This included: safeguarding, moving and handling and medicines. People's care plans contained guidance for staff on specific health conditions such as epilepsy, mental capacity, stroke and PEG feeding [this is where a person has their food via a tube in their stomach]. A staff member said, "The training is good." One person told us, "I think they have the right training because they have been with me a while and know what they should be doing."

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

- People were encouraged to eat and drink sufficiently to maintain their well-being and support was given where this was required.
- People's dietary needs were known and met, including if they had allergies to certain foods or were on safe swallow plans created by speech and language therapists.
- Care plans detailed the foods and drinks people liked and disliked and where they preferred to eat their meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

● The service understood the importance and benefits to people of timely referral to health and social care professionals. A professional fedback to us, 'In my experience, Supervisors ensure they are available to review changing needs with me and assist in the risk assessment and problem-solving process. It is a positive and client-centred working relationship. Supervisors are quick to refer to medical colleagues where presenting symptoms point to the need for input.'

● The service and its staff recognised the importance of prompting and supporting people to maintain their oral health and the implications for people if this was neglected. Care plans identified people's needs in this area.

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.

● People's capacity to consent to decisions about their care was assessed. Where people were assessed as lacking capacity best interests' meetings took place with involvement from relevant people.

● Staff understood some of the principles of the MCA and how this informed the way they supported people. Information about the MCA was available for staff to consult in the service's office.

● People's care plans recorded if they had a representative with the legal authority to make decisions on their behalf should they lack capacity. Staff and management understood the scope of the legal authority representatives held.

Good

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

● People told us staff were consistently caring and kind. People's and their relative's comments included: "It's just the way they are", "Oh gosh, without a doubt they are very kind", "The carers are always kind and courteous", "The ones I have at the moment are very good", "When they know things are going a bit wrong in terms of [name's] illness they will go above and beyond", "They look after my [family member] very carefully and thoughtfully" and, "We are happy with them and [name's] main carer is pretty fabulous."
● Staff understood how to support people's emotional needs. One person's plan noted, 'I like to know what is happening and what time people are coming. If I do not know this, I can become very anxious.' The person's review detailed, 'I find it stressful if I have new ones [carers]. The office are aware and only put in regular carers.' A professional expressed via email, 'I have observed a natural rapport with clients where friendship and trust has been established in the caring relationship.'
● The service kept a record of compliments from people and relatives which were shared with staff. Comments included: 'Thank you to everyone who looked after my [name] enabling [name] to stay in [name's] home with endless patience and care', 'Thank you for all the loving care you gave to my [family member] over many years', 'Everyone was kind, cheerful and respectful and it did mean such a lot to [name] and me' and, 'Can't thank you enough for your professional and caring help – you are a great team.'
● People told us they felt involved in decisions about the care and support they received. One person said, "If I'm in bed and I don't want to get up and stay in bed, the carers respect that." Another person told us, "We work together. If I don't like what they are doing I tell them." A relative said, "They [staff] will adjust and change things according to [name's] mood."

Respecting and promoting people's privacy, dignity and independence
● Staff understood the importance of helping to maintain people's privacy and dignity. They gave examples of how they would do this, for example, when providing personal care, they would cover the person and talk to them throughout to make them feel more comfortable. This was confirmed by a person who said, "The carer always makes sure the curtains and doors are closed."
● People were encouraged and supported to remain as independent as possible and live the lives they want to live. This was emphasised in people's care plans. Staff understood the importance of this with one carer telling us, "Supporting people's independence allows them to still be in control of their life and wellbeing." A relative said, "They encourage my [family member's] independence by helping [family member] to wash down one side of [family member's] body. The other side is paralysed. We are very proud [family member] can still do it."

● A person's plan noted, 'If you give me the flannel, I can wash my own face and part of my upper body. This helps me feel I have some control over the process of washing.' A person had fed back during their review, 'Carers encourage me to do as much as possible.'

● The service understood the importance of maintaining the security of people's personal information. Records were held securely at the office and all information on staff handsets was password protected. Staff were reminded about confidentiality at team meetings.

Good

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

- People told us they could not fault the care they received. Comments included, "They are wonderful. I can't fault them. They do everything I want them to do. I am so pleased with them" and "They come in happy and get on with their work and have a chat with me." Relatives' comments included, "The fact that [family member] is still at home is testimony alone to how they care" and "We're very happy. They are so good with [name]. They learned very quickly to use a hoist that [name] needed."
- Care plans were detailed, person-centred and respectfully worded. They included people's background, needs, preferences, abilities and what was important to them. A staff member said, "I think the care plans give us a good gist of what we are required to do. We then check with the person." A relative said, "The carers suggest things and we talk things through." A professional fed back, 'From my observations and from experience of co-working cases with Apex, clients' health needs and their psychological needs are well understood and responded to.'
- People and, with consent or the correct legal authority, their relatives were able to access their own care records electronically using a password protected app. The service was considering ways of making this more accessible for people who did not own a smartphone.
- People received annual reviews of their care needs, or earlier if their health changed significantly. A person said, "My care was reviewed summer 2019." A relative said, "We are involved in care plan reviews and my [family member] is also involved."
- People were supported to make decisions by staff who understand the importance of choice in all aspects of the care and support they offered including helping them maintain their appearance, sense of self-worth and having a preferred gender of carer. For one person it was important staff offered them a choice from their two favourite perfumes after personal care. Their daily notes confirmed staff consistently supported them with this.
- People were encouraged and, where required, supported to maintain contact with family, friends, pets and links with the community. For example, when people had events to attend, such as local day centres, staff supported them to be ready in time.
- People had been supported by staff where they were at increased risk of social isolation. This had included supporting them to attend a community Christmas meal, and for other people to have the meal delivered so they could enjoy it at home. A staff member said, "I want people to feel happy and content. We should remember that, for some people, we might be the only person they see all day."

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.

● People's communication needs were assessed and detailed in their care plans. This included the person's preferred method of communication, any impairments that could affect their communication, and guided staff on the best ways to communicate with them. One person who had experienced a stroke had a care plan that advised staff, 'Be aware of any facial expressions that change. Make eye contact when talking to me. Communicate on a simple level as unable to retain information.'

● People's preferred methods of communication were shared with health and social care professionals when required, for example when people required admission to hospital.

Improving care quality in response to complaints or concerns

● The service had a complaints policy which was included as part of people's welcome pack which was held in their homes. Complaints were acknowledged, investigated and resolved in line with the policy.

● People told us they knew who to complain to should they need to. They felt they would be listened to and action taken if they raised a concern.

End of life care and support

● Although the service was not supporting any people with end of life care needs at the time of the inspection, they had done this previously and had received positive feedback on the skills and sensitivity of staff.

● The service sent bereavement cards to relatives on the passing of their family members to show sympathy and support.

● People were offered the opportunity to create advance care plans. These included preferences around contact with those important to them (including their pets), choice of burial or cremation and the funeral service. This meant a person's final wishes could be followed. Where people did not wish to explore this topic, staff respected this.

Good

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

- Staff felt supported by the registered manager who they saw as approachable and willing to listen when issues were raised. Staff comments included: "They listen to me if I raise issues", "If I have any problems, they get it sorted", "[Name of registered manager] responded well to a problem I had yesterday. [Name of registered manager] has got the knowledge" and, "We have the backup and support of the office [staff] and the [registered] manager."
- Staff felt the service was well led by the registered manager. They expressed, "[Name of registered manager] has been brilliant to work with. Has always been really supportive", [Name of registered manager] is very good at listening" and, "I think the service is very well led by [name of registered manager]."
- Staff told us they got on well with colleagues and were happy in their jobs. Staff told us, "I enjoy working for Apex", "I enjoy my job. I really do", "We all get on" and, "It's a supportive team."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff had a good understanding of their roles and responsibilities. For example, a staff member explained to us, "I raised an issue about a person who lacks capacity having their medicines laying around the house. The office then raised a safeguarding alert with the local authority."
- Staff told us they received praise for good work. Positive feedback was shared with staff including at meetings. Staff comments included: "I get thanked for covering busy periods. We get text messages", "We get thanked. They thank me by phone and when I come into the office" and, "I get thanked quite a lot."
- A second care coordinator was due to start the week after the inspection which meant the current care coordinator would have extra support in booking visits and responding to calls from people and care staff. Staff told us they felt supported by the office staff. One carer said, "I can't complain with communication to and from the office. If I need to know anything, they are good at texting me."
- The registered manager felt supported by the service and senior management such as the regional manager who visited a minimum of fortnightly. The registered manager also met with the provider's other registered managers for support, training and to share ideas.
- The registered manager had ensured all required notifications had been sent to external agencies such as the CQC and the local authority safeguarding team. This is a legal requirement.
- The registered manager understood the requirements of Duty of Candour. They told us it is their responsibility, "To be open, honest and transparent. To apologise to the people affected in writing or, I

prefer, face to face."

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

● People and, where appropriate, relatives had the opportunity to take part in bi-annual surveys with their feedback used to identify areas where the service could improve or was doing well. The results from the December 2019 were almost entirely positive. Feedback had included: 'Very happy with the care provided. Satisfied with carers and time of visits' and 'All carers follow [name's] routine which is important to [name].'

● Rotas considered staff caring responsibilities, health conditions, right to sufficient breaks and travel time between visits. A staff member told us, "Communication is good. They usually let us know in good time if the rota changes."

● Mapping software was used to calculate approximate travel times between care visits although this was subject to weather conditions and road works. A staff member said, "Most of the time we have enough travel time, but it can be affected if staff go off sick." We observed a staff member's visit times being altered after they had raised, they had insufficient travel time between two of their visits.

● Care coordinator and team meetings took place which provided an opportunity to discuss people's needs, share compliments received with staff and discuss service and care industry developments. Following a branch meeting in October 2019 a whiteboard had been introduced to improve communication of key information including people in hospital and professionals' contact details.

● Staff felt supported to increase their knowledge and skills including to undertake national qualifications in health and social care. One staff member told us, "I held the team meeting. [Name of registered manager] supported me. We made the agenda together. It felt really good as I was entrusted to do it and had support."

● Quality assurance systems were in place and helped ensure service quality was maintained and any issues were identified in a timely way with the necessary follow up actions taken. This included, at least monthly, reviews of care plans, the quality of daily notes, alert resolution, medicines, infection control, evaluation of training and missed visits.

● The service worked in partnership with others to provide good care, treatment and advice to people. This included developing and maintaining good working relationships with community nurses, GPs, a live-in care agency, occupational therapists and social workers.

● The service had developed links with the local community. This had included fundraising events attended by people, relatives and staff.