

APT Care Limited

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Inspection report

Unit 1, Part A
Hammond Road, Elms Farm Industrial Estate
Bedford
Bedfordshire
MK41 0UD

Tel: 01234930130
Website: www.aptcare.co.uk

Date of inspection visit:
24 November 2016
28 November 2016

Date of publication:
22 December 2016

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

This inspection took place on 24 and 28 November 2016 and was announced.

This was the second comprehensive inspection carried out at APT Care Limited.

APT Care Limited is a domiciliary care agency providing personal care, support and companionship to people in their own homes. At the time of our inspection the service was providing personal care to 33 people.

The service had 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 and associated Regulations about how the service is run.

People felt safe. Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and how to report them. There were risk management plans in place to protect and promote people's safety. Staffing numbers were appropriate to keep people safe. There were safe recruitment practices in place and these were being followed to ensure staff employed were suitable for their role. People's medicines were managed safely and in line with best practice guidelines.

Staff received regular training that provided them with the knowledge and skills to meet people's needs. They were well supported by the management team and had regular one to one supervision and annual appraisals.

Staff sought people's consent before providing any care and support. They were knowledgeable about the requirements of the Mental Capacity Act (MCA) 2005 legislation. Where the service was responsible people were supported by staff to access food and drink of their choice to promote healthy eating. If required, staff supported people to access healthcare services.

People were treated with kindness and compassion by staff; and had established positive and caring relationships with them. People were able to express their views and to be involved in making decisions in relation to their care and support needs. Staff ensured people's privacy and dignity was promoted.

People received care that was responsive to their needs. Their needs were assessed prior to them receiving a service. This ensured the care provided would be appropriate and able to fully meet their needs. People's care plans were updated when there was a change to their care needs. The service had a complaints procedure to enable people to raise a complaint if the need arose.

The service had quality assurance systems in place, which were used to good effect and to continuously improve on the quality of the care provided.

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

Staff were aware of the different types of abuse and to report any they witnessed or suspected.

There were risk managements plans in place to protect and promote people's safety.

There were sufficient numbers of suitable staff employed to meet people's needs.

There were systems in place to ensure medicines were managed safely.

Is the service effective?

Good ●

The service was effective

People were looked after by staff that were trained to carry out their roles and responsibilities.

People's consent to care and support was sought in line with the principles of Mental Capacity Act 2005.

If required, staff supported people to eat and drink and to maintain a balanced diet.

Staff supported people to access healthcare services if needed.

Is the service caring?

Good ●

The service was caring

People and staff had developed caring and positive relationships.

Staff enabled people to express their views and to be involved in decisions about their care and support.

Staff ensured people's privacy and dignity was promoted.

Is the service responsive?

Good 

The service was responsive

People's needs were assessed prior to them receiving a service.

People received care that was personalised and met their assessed needs.

People were provided with information on how to raise a concern or complaint.

Is the service well-led?

Good 

The service was well-led

Notifications had been submitted to the Care Quality Commission in line with requirements.

There were quality assurance processes in place to drive improvements at the service.

Systems were in place to ensure the service learnt from events such as accidents and incidents, whistleblowing and investigations.

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 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 of APT Care Limited took place on 24 and 28 November 2016. We gave the service 48 hours' notice of the inspection because we needed to ensure the registered manager would be available.

The inspection was undertaken by one inspector.

Before the inspection we looked at information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law. We also contacted the Clinical Commissioning Group who has a quality monitoring role with the service.

During our inspection we undertook telephone calls to eight people who used the service and five relatives. We spoke with five staff that included the registered provider, the registered manager, the deputy manager and two care staff.

We reviewed a range of records about people's care and how the service was managed. These included care records for six people, five staff files and three Medication Administration Record (MAR) sheets. We also looked at minutes from staff meetings and quality assurance audits.

Is the service safe?

Our findings

People using the service were protected from abuse and avoidable harm. People told us they felt safe when staff were in their home. One person said, "Yes the carers are lovely and I feel safe with them." A second person told us, "I suppose I do feel safe, yes I do." Relatives we spoke with also told us they felt their family members were safe with staff. One relative commented, "The girls get on great with [name of relative] and I know they would do anything to make sure she is safe."

Staff told us they had been provided with safeguarding training. One staff member said, "Yes I have had safeguarding training and I have completed a booklet to refresh my knowledge." A second staff member commented, "I would definitely raise my concerns if I thought someone was in danger. I would go to [name of deputy manager] and I know she would deal with it."

We saw evidence that staff had been provided with safeguarding training. We observed a copy of the service's safeguarding policy along with a copy of the local authority adult safeguarding policy. In addition we saw there was a whistleblowing policy and poster in place that contained the names and contact numbers of the relevant people that staff could call if they had any concerns. We saw evidence that when required safeguarding alerts were submitted to the local safeguarding team to be investigated.

Risk management plans were in place to promote people's safety and to maintain their independence. One person told us, "The carers do try to get me to do as much as I can for myself. Yes there is a little risk but it's well managed. They keep a close eye on me."

Staff spoke to us about how risks to people were assessed to ensure their safety and protect them. They described the processes used to manage identifiable risks to individuals such as malnutrition, moving and handling, falls and skin integrity. One staff member told us, "We have one person who is at risk of pressure sores. The risk assessment tells us what we should look for and who to report any concerns to."

We saw that people had individual risk assessments in place to assess the level of risk to them. The assessments were clear and had been reviewed when needed ; to ensure the care being provided was still appropriate for each person.

Safe recruitment practices were followed. There were arrangements in place to ensure safe recruitment practices were followed. One staff member said, "I had to wait for all my checks to come through before they would let me work." The registered manager told us that all staff employed by the service underwent a robust recruitment process before they started work.

Records confirmed that appropriate checks were undertaken before staff began work at the service. We saw criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who use care and support services. There were also copies of other relevant documentation, including employment

history, character references and job descriptions in staff files to show that staff were suitable to work with vulnerable people.

There were sufficient numbers of suitable staff to keep people safe and meet their needs.

People told us that staffing levels were usually sufficient to meet their needs and they received the care they needed. However we did receive numerous concerns from people that staff did not always stay for the allotted time. One person told us, "It's not their fault they are very busy and they have to try and get through the traffic. They don't leave until they have finished everything but sometimes it can be a bit rushed." A second person told us, "The carers are very reliable but sometimes leave early." Relatives told us there was sufficient staff to care for their family members but one said, "They do provide all the care [name of relative] needs but if they finish early I would like them to sit with [name of relative] and have a chat, but they don't do that."

Staff told us that overall they felt that the staffing numbers were adequate; however we were told that at busy times of the day when traffic was heavy it was difficult to arrive at calls in a timely manner. Some staff felt it would be beneficial if travel time was increased at peak times of the day when traffic was at its busiest. One told us, "There have been times when I have been sat in traffic for over 40 minutes. This then makes you late and you feel under pressure to get to people." A second member of staff commented, "More consideration needs to be given to our travel times. I know I'm not the only one who feels like this."

The deputy manager was responsible for the completion of the staff rotas and she told us, "If people's needs change I can make sure additional staffing is provided to ensure people are kept safe and their needs are met." Following our phone calls to people we discussed their concerns with the deputy manager. She told us that a new electronic log-in system was currently being implemented and this would enable the management to monitor more effectively the length of time staff spent on each call.

We looked at the staff duty rota for the current month. The recorded staffing levels were consistent with those as described by the deputy manager and the staff we spoke with.

Systems were in place to manage people's medicines safely. People told us that they received their medicines when they expected them. One person told us, "The carers give me my tablets and I take them. I would forget if they didn't help me." A relative said, "I don't have any worries that [name of relative] doesn't get her tablets as she should."

Staff told us they had received training in the safe handling and administration of medicines. One said, "I have had training to give people their tablets and I feel confident that I know what to do." We saw evidence to confirm that staff had been provided with training on the safe handling, recording and administration of medicines and in line with the service's policy and procedure.

We looked at a sample of Medication Administration Record (MAR) sheets and found that they had been fully completed and in line with best practice guidelines. We saw evidence that regular auditing of medicines were carried out to ensure that any errors could be rectified and dealt with in a timely manner.

Is the service effective?

Our findings

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. One person said, "I think the staff know what they are doing and have been well prepared before they start as a carer." A second person commented, "I don't have any problems with the carers. They know what to do and how to do it properly." A relative commented, "The staff are good at what they do."

Staff said they felt the training was sufficient and gave them the skills to do their jobs effectively. One staff member told us, "Yes I have had training. I have completed safeguarding training, medication and moving and handling training. It's enough for me to do my job properly." Another member of staff commented, "The training is okay. We do all the mandatory training that's needed."

Staff told us they were well supported when they first started working at the service and had completed an induction. They told us they worked alongside an experienced staff member until they were assessed as competent to work unsupervised. One staff member said, "I did an induction that included training and shadowing more experienced staff."

The registered provider told us the service was currently in the process of signing up to the Care Certificate so that all staff new to care would work towards achieving this. (The care certificate is the new minimum standards that should be covered as part of the induction training for new care workers).

We looked at a training matrix and found that all staff had received induction and regular on-going training that was appropriate to their roles and the people they were supporting. However we were unable to find training certificates to support this. We requested that training certificates were made available for us to look at for the staff whose files we looked at. This information was made available to us following the inspection and we saw that staff had completed all the mandatory training required.

Staff told us they received regular supervision, spot checks and an annual appraisal of their performance. One staff member commented, "We get regular supervision and staff turn up unannounced to check on us and how we are doing our jobs."

The registered manager confirmed that each staff member received regular supervision, appraisal and spot checks. We saw evidence in the staff's files we examined to confirm this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires that as far as possible people make their own decision 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. The application procedure for domiciliary care services is called the Court of Protection. We checked that the service was working within the principles of the MCA 2005.

Some of the staff we spoke with told us they had received training on the MCA 2005 and we saw evidence of this within some of the staff training records we examined. Some staff still needed to complete this training and we were told this would take place in the near future. Staff we spoke with had a good understanding of why and when they needed to gain consent from people. One staff said, "I always ask people for their permission before I do anything. It's about respecting people's choices."

People were supported to eat and drink sufficient amounts to maintain a balanced diet. One person said, "My carers know what I like to eat and nothing is ever too much trouble." Another person told us, "I get enough to eat and drink. They leave me snacks when they go." A relative commented, "I don't have any worries that [name of relative] gets enough to eat and drink."

Staff told us they supported some people with their meals. One staff member said, "I will always give people what they like to eat. I'm happy to cook what they like."

People's care records contained details of their dietary likes or dislikes. We found if people had difficulty with food and fluid intake they were closely monitored. If needed people had access to the Speech and Language Therapist (SALT) and the dietician via the GP. Within the care plans we examined we saw that there was information on people's dietary needs, which included food allergies. This demonstrated that staff were fully aware of people's food preferences and any allergies that they may have.

People were supported to maintain good health and to access health care services. We were told by people using the service and their relatives that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. One person said, "They will help me if I need to see a doctor or go to the hospital."

Staff told us if there was deterioration to a person's health they would seek their permission to report it to the registered manager or a relative and if needed contact the GP or health care professional for support or advice. One staff member told us, "I will always call the office if I am worried about someone."

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Is the service caring?

Our findings

People told us they were treated with kindness and compassion in their day-to-day care. One person said, "The girls are fantastic. We have a good rapport and a laugh together." Another person told us, "They are very helpful and very patient with me. I don't have anything bad to say about my carers. They are perfect." A relative commented, "I know [name of relative] is in good hands. The carers think the world of [name of relative] and they also care about us as well."

People told us that the staff knew them well and the relationship between them and the staff was positive and caring. One person said, "The girls know me very well and always do whatever they can to make me comfortable." Another person told us, "I have been with the company for a few years now and I have found all my carers to be kind and caring. There has never been a problem."

Staff told us they knew people well and were able to build meaningful relationships with them. One staff member commented, "I have been visiting the same people for a while now and I have got to know them well. I know what they like and I can tell if they are not happy or worried about something." Another member of staff told us, "The people I look after are like my family." Staff were able to tell us about people's individual needs, including their preferences, personal histories and how they wished to be supported.

People and their relatives told us they were able to express their views and be involved in making decisions about their care and support. One person told us, "The carers always give me a choice. They ask me what I want for dinner, what I like to wear and how I like things to be done. If I refuse a shower they will respect my decision."

All the staff we spoke with confirmed that people were involved in making decisions about their care and support needs. One staff member explained, "I never do anything without asking first how people would like it to be done. It's all about respecting people."

We saw evidence within the care plans we examined that people's changing needs and wishes were monitored and any changes that were needed were carried out in a timely manner.

The deputy manager told us that at the time of our inspection there was no one using the services of an advocate but they could provide information and would support a person to access this service if they required it.

Staff understood how to support people with dignity and they respected them. Without exception people told us that staff respected their privacy and their right to make their own decisions and lifestyle choices. People told us they had been involved in determining the care they needed and had been consulted at every stage. One person explained, "I feel like I have some degree of control over my life because I'm taken seriously and respected by the carers." A relative told us they were confident that the staff promoted their relative's privacy. They said, "The staff are very good at making sure [name of relative] does not get embarrassed. This demonstrated that staff had an appreciation of people's individual needs around respect

and dignity.

Staff were able to demonstrate how they ensured that people's privacy and dignity were preserved. One staff member said, "I always make sure I cover people with a towel and close the curtains when I am supporting them." Another staff member told us, "We make sure we are respectful and polite. Always listen to what the person wants and respect what they say."

The deputy manager confirmed that staff's care practices were regularly observed through unannounced spot checks to ensure that they were upholding people's privacy and dignity. Senior staff observe if the care provided is carried out with respect and ensures people's privacy and dignity is maintained. This is only undertaken with the full consent of the person receiving the care.

Staff told us that the service had a confidentiality policy which was discussed with them at their induction and they had signed an agreement to adhere to it. One staff member said, "I am aware of confidentiality and what we can share and what we can't." We saw evidence that the service shared information about people on a need to know basis and with their agreement. We found that records relating to people's care and support were stored securely in filing cabinets. Computers were password protected to promote confidentiality.

Is the service responsive?

Our findings

People told us that they received good care that met their needs. They said that their staff were 'reliable', and 'compassionate'. One person told us, "My carers are lovely. They come in and do exactly what I need." Another person commented, "I get all the care I need. I want for nothing." A relative informed us, "If things weren't right I know [name of relative] would speak out but she is always happy and impressed with the care she gets."

Staff told us that people's needs were fully assessed before the service. They informed us that people's care plans informed them well and said that they were very clear about what they must and must not do to support the person. One member of staff commented, "The care plans are very good. I always read them if I go to someone new." A second staff member said, "I always read the care plan before I start doing people's care."

The deputy manager told us that prior to receiving a care package people's needs were assessed. They informed us that the service was in the process of changing over to an electronic care plan system." This meant that all care plans were in the process of being reviewed and updated and would make the process of auditing and reviewing care plans and risk assessments more efficient. Records we looked at showed that information from the needs assessment was used to inform the care plan. The plans seen contained information on the different aspects of a person's life and identified how their care needs would be met. They were tailored to each person's diverse needs and were focussed on the outcomes that people wished to achieve from being supported. We saw evidence that when there was a change to a person's needs the care plan had been updated to reflect the change. Staff were made aware of any changes to ensure that people received the relevant care and support.

People and relatives we spoke with told us that communication was very good with the service." One relative said, "If there are any concerns or changes to [name of relative] care the office will let me know." This meant that staff knew how to support people in a way that they preferred. The daily action logs clearly described staff's intervention and included information on nutrition, activities and the person's feelings.

People's experiences, concerns and complaints were listened to and acted upon. One person said, "I have made a complaint before and it was dealt with. [Name of deputy manager] sorted it out straight away." A relative told us, "I would go to [name of deputy manager] if I had a complaint." People told us they knew they could telephone the office if they had any concerns and that they would be dealt with quickly and effectively.

The complaints records showed that concerns had been dealt with appropriately because the deputy manager had fully investigated the issues, taken action and informed the complainant of the outcome.

Is the service well-led?

Our findings

People were positive about the care they received. One said, "The carers are very good. I'm very lucky." A relative told us, "The care is good and the carers are professional and do a good job." However all the people we spoke with did not know who the registered manager was and thought the deputy manager was the manager of the service. The registered provider told us that the registered manager also managed another service and was not present at the Bedford branch on a full time basis. However, we were informed by the registered provider that the deputy manager was going to apply to register as manager with the Bedford branch within the next couple of weeks. This would ensure a consistent management approach at the service.

Staff told us that senior staff were approachable and supportive. One staff member said, "If you report that there has been a change in a client's condition, someone from the office would come out to re-assess their needs." Staff felt that when they had issues they could raise them and felt they would be listened to. One staff member told us, "I would feel comfortable raising any concerns." All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service.

Staff told us that they felt supported and valued by the management team. One staff member told us, "We have regular staff meetings and regular supervision where we can talk about anything we need to." We also saw that team meetings were held with staff and minutes showed that staff were able to raise ideas to help drive improvements at the service.

Records showed that notifications were submitted to the Care Quality Commission (CQC) as required. A notification is information about important events which the service is required to send us by law in a timely way.

There were systems in place to check the quality of the care provided. We saw evidence that people were regularly asked to comment on the quality of the care provided. Audits relating to medication recording sheets, accidents and incidents, care planning and daily record sheets were regularly undertaken. Where areas requiring attention had been identified there were action plans in place to demonstrate how continuous improvements would be made.