

APHEK Ltd

Aphek Homecare Services

Inspection report

58 Plumstead Common Road
London
SE18 3RD

Date of inspection visit:
19 July 2018

Date of publication:
22 August 2018

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 announced inspection took place on 19 July 2018. Aphek Homecare Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults. At the time of the inspection two people were using the service. This was the first inspection of Aphek Homecare Services, since their registration in May 2017.

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 told us they felt safe with the staff. The service had clear procedures to recognise and respond to abuse. All staff had completed safeguarding training. Risk assessments for people were in place, which provided sufficient guidance for staff to minimise identified risks. The service had a system to manage accidents and incidents to reduce recurrences. People were protected from the risk of infection.

The service had enough staff to support people and satisfactory background checks were carried out for staff before they started working. The service had an on-call system to make sure staff had support outside office working hours. The service provided an induction and training, and supported staff through regular supervision and spot checks to help them undertake their role.

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. People consented to their care before it was delivered. The provider and staff understood their responsibilities within the Mental Capacity Act 2005.

Staff supported people with food preparation. People's relatives coordinated healthcare appointments to meet people's needs, and staff were available to support people to access health care appointments if needed.

Staff supported people in a way which was caring, respectful, and protected their privacy and dignity. Staff developed people's care plans that were tailored to meet their individual needs. Care plans were reviewed regularly and were up to date.

The service had a clear policy and procedure for managing complaints. People knew how to complain and would do so if necessary. The registered manager demonstrated an understanding of the requirements of the role and their responsibilities under the Health and Social Care Act 2008. The provider had systems and processes to assess and monitor the quality of the care people received. The service sought the views of people who used the services. Staff felt supported by the provider. The provider had procedures in place to work in partnership with health and social care professionals.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People told us they were safe and that staff treated them well. The service had a policy and procedure for safeguarding people from abuse. Staff understood the action to take if they suspected abuse had occurred.

The provider completed risk assessments and management plans to reduce identified risks to people.

The service had a system to manage accidents and incidents to reduce recurrences.

The provider had enough staff to support people who had undergone satisfactory background checks before they started working.

People were protected from the risk of infection.

Good ●

Is the service effective?

The service was effective.

People commented positively about staff and told us they supported them properly.

Staff carried out an initial assessment of each person to see if the service was suitable to meet their assessed needs.

The provider provided an induction and training for staff. Staff were supported through regular supervision and spot checks to help them undertake their role.

Staff sought consent from people before offering them support. The provider and staff acted in accordance with the requirements of the Mental Capacity Act 2005.

Staff supported people to eat and drink enough, to meet their needs. People's relatives coordinated health care appointments and staff were available to support people to access health care appointments if needed.

Good ●

The provider had procedures in place to work with other services to ensure effective joint working.

Is the service caring?

Good ●

The service was caring.

People told us they were consulted about their care and support needs.

Staff treated people with respect and kindness, and encouraged them to maintain their independence.

Staff respected people's privacy and treated them with dignity.

Is the service responsive?

Good ●

The service was responsive.

The provider developed care plans with people to meet their needs.

Care plans included the level of support people needed and what they could manage to do by themselves.

People knew how to complain and would do so if necessary. The service had a clear policy and procedure for managing complaints.

Is the service well-led?

Good ●

The service was well-led.

The provider had systems and processes to assess and monitor the quality of the care people received.

There was a registered manager in post. They kept staff updated about any changes to people's needs and the service.

The registered manager held staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels.

The provider had processes to work in partnership with health and social care professionals.

Aphek Homecare Services

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 site visit took place on 19 July 2018 and was announced. The provider was given 48 hours' notice because the service is a domiciliary care service and we needed to be sure that the provider would be in. We visited the office location to see the manager and office staff; and to review care records and policies and procedures. The inspection was carried out by one inspector and one expert by experience. The expert by experience made phone calls to people to seek their feedback about the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we looked at all the information we held about the service. This information included the statutory notifications that the service sent to the Care Quality Commission. A notification is information about important events that the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our inspection planning.

During the inspection, we spoke with two people, two members of staff, and the registered manager. We looked at two people's care records and three staff records. We also looked at records related to the management of the service, such as the complaints, accidents and incidents, safeguarding, health and safety, and policies and procedures.

Is the service safe?

Our findings

People gave us positive feedback about their safety and told us that staff treated them well. One person told us, "Oh yes, I do feel happy with the staff that come into my home." Another person said, "I am happy that they [staff] are doing their job to make me better, which I am."

People were kept safe from the risk of abuse. The service had a policy and procedure for safeguarding adults from abuse. Staff understood the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse had occurred. This included reporting their concerns to the registered manager and the local authority safeguarding team. Staff told us, and records confirmed that they had completed safeguarding training. They were aware of the provider's whistle-blowing procedure and said they would use it if they needed to. One member of staff told us, "When I find out a service user is at risk, I inform my line manager, if they don't listen, I report to CQC but this was not required so far. If I come across, I will report." The registered manager told us that there had been no safeguarding incidents since the registration of the service in May 2017. Records we saw further confirmed this.

People were protected from avoidable harm. The service had a system in place to manage accidents and incidents to reduce the likelihood of them happening again. These included details of the action staff took to respond and minimise future risks and who they notified, such as a relative or healthcare professional. The registered manager and staff told us that there had been no incident since May 2017. Records we saw confirmed this.

Risks to people were assessed and managed to help keep people safe. Staff completed a risk assessment for every person and covered areas such as falls, moving and handling, and the home environment. The risk assessments were up to date with detailed guidance for staff to reduce identified risks. Discussion with staff confirmed that they followed the guidance to prevent or minimise the risk. The registered manager told us that risk assessments were reviewed periodically and as and when people's needs changed. Staff told us these records provided them with the relevant information they needed to understand people's situation and needs.

People were supported by sufficient numbers of effectively deployed staff. One person told us, "They [staff] do come at the time agreed. If they are five minutes late, they make it up." The service had enough staff to support people safely. People told us there were no missed visits. The registered manager told us they organised staffing levels according to people's needs. Staff rostering records showed that they were allowed enough time to travel between calls. The service had an on-call system to make sure staff had support outside office working hours. Staff confirmed this was available to them when required. One member of staff told us, "I do not miss the time, as I live nearby and I always go on time for my visit. I have the phone number of the manager and I can call her if required, but I have had no need to call her so far." The registered manager and the care coordinator confirmed through our discussions that there had been no missed calls since the registration of the service in May 2017.

There were effective recruitment and selection procedures in place to ensure people were safe and not at

risk of being supported by staff that were unsuitable. The provider carried out satisfactory background checks for all staff, before they started working. These included checks on staff member's qualifications and relevant experience, their employment history and consideration of any gaps in employment, references, and criminal records checks and proof of identification. This reduced the risk of unsuitable staff working with people who used the service.

Staff supported people so they took their medicines safely. One person told us, "Yes I do. I ask them [staff] to help me, to get them [medicine], to get me better." Another person said, "Yes, I do. I self-medicate." There were protocols for dealing with medicines incidents. Staff had a clear understanding of these protocols. Senior staff conducted regular checks of medicines management and had a system in place to ensure people received their medicines safely. There were no concerns identified and no areas required any follow-up. The provider had a policy and procedure which gave guidance to staff on their role in supporting people to manage their medicines safely. The service trained and assessed the competency of staff authorised to administer medicines. A member of staff told us they had completed the training and the competency assessment and these equipped them with skills to ensure that they dispensed medicines safely.

People were protected from the risk of infection. Staff understood the importance of effective hand washing, using personal protective equipment (PPE) such as aprons and gloves and disposing waste appropriately, to protect people and themselves from infection and cross-contamination. For example, staff told us they washed their hands before and after any procedure and used protective materials like gloves and aprons when necessary to prevent transferring infection. The service had infection control procedures in place and records showed that staff had completed infection control training to ensure they knew how to prevent the spread of diseases.

Is the service effective?

Our findings

People told us they were satisfied with the way staff looked after them and that staff were knowledgeable about their roles. One person told us, "They [staff] behave in a professional manner so I believe they have been properly trained." Another person said, "Yes, Yes, they [staff] are trained and I feel comfortable."

People's needs were assessed to ensure these could be met by the service. Staff carried out an initial assessment of each person's needs to see if the service was suitable to meet them. Where appropriate, staff involved relatives in this assessment. Staff used this information as a basis for developing personalised care plans to meet each person's needs. The assessment looked at people's medical conditions, physical and mental health; mobility, nutrition and social activities.

The provider trained staff to support people appropriately. Staff told us they completed an induction when they started work and a period of shadowing an experienced member of staff, which helped them to get to know and understand the person they were supporting and how to support them with their needs. The registered manager told us all staff completed mandatory training specific to their roles and responsibilities. Staff training records we saw confirmed this. The training covered areas such as basic food hygiene, health and safety in people's homes, moving and handling, administration of medicines, infection control and safeguarding vulnerable adults. Staff told us the training programmes enabled them to deliver the care and support people needed.

The provider supported staff through regular supervision and spot checks. Records showed the service supported staff through regular supervision, and onsite observation visits. Areas discussed during supervision meetings included staff wellbeing and their roles and responsibilities. Staff told us they felt supported and could approach the registered manager at any time for support.

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. If the service wished to restrict the liberty of any person an application would have to be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. At the time of inspection, the registered manager told us that all the people they supported had capacity to make decisions about their own care and support needs.

People confirmed staff sought their consent before supporting them. Care records clearly evidenced people's choices and preferences about their care provision. Staff we spoke with understood the importance of gaining people's consent before they supported them. One member of staff told us, "I ask them verbally, before providing care: for example, would you like to have a shower today, what would you

like for dinner. They tell us and I follow their instructions."

Staff supported people to eat and drink enough to meet their needs. People's care plans included a section on their diet and nutritional needs. One person told us, "I am able to feed myself, but they [staff] do help to prepare it." Staff told us people made choices about what food they wanted to eat and that they prepared those foods so people's preferences were met.

People were supported to maintain good health. Relatives coordinated health care appointments and health care needs, and staff were available to support people to access healthcare appointments if needed. One person told us, "Not regularly, only if need be." Staff told us they would notify the office if people's needs changed and if they required the input of a health professional such as a district nurse, GP or a hospital appointment.

Staff worked with other services to ensure effective joint-working. The registered manager and staff told us they ensured people had a copy of their personal profile sheet when they go to hospital or other services. The personal profile sheet contained information about their health conditions, medicines, GP and next of kin details; and care required. This enabled people to receive well-coordinated care and support when they go to use other services.

Is the service caring?

Our findings

People were cared for by staff who were kind and caring. People told us they were happy with the service and staff were caring. One person told us, "They are quite friendly and adaptable, they are not rigid." Another person said, "They [staff] are good and kind to me and I am happy."

People were involved in the assessment, planning and review of their care. People told us they had been involved in making decisions about their care and support and their wishes and preferences had been met. One person told us, "Yes, I do have a care plan and they [staff] use it every time. Plus, when any changes are made the office updates with new sheets." The registered manager explained that people and their relatives where appropriate were involved in the initial assessment of needs, setting up the care plan and in their care reviews. These care plans described the person's likes, dislikes, life stories, their interests and hobbies, family, and friends. Staff told us this background knowledge of the person was useful to them when interacting with people in a familiar way.

Staff understood how to meet people's needs in a caring manner. Staff we spoke with were aware of people's needs and their preferences in relation to how they liked to be supported. For example, one member of staff told us, "Clients have choices. I ask them what they want to eat, drink, have a shower or bath. I respect their choices." People were supported to be as independent as possible. Staff told us that they would encourage people to complete tasks for themselves as much as they were able to. For example, one member of staff told us, "People self-medicate and they do most of the personal care themselves, I encourage and support them as required." Staff further confirmed with us that they had enough time to meet people's needs in a caring manner.

People were treated with dignity, and their privacy was respected. Staff described how they respected people's dignity and privacy, and acted in accordance with their wishes. For example, staff told us they did this by ensuring people were properly covered, and curtains and doors were closed when they provided care. Staff explained to us how they kept all the information they knew about people confidential, to respect their privacy. The provider had policies and procedures and staff received training which promoted the protection of people's privacy and dignity.

Is the service responsive?

Our findings

People told us they received support from staff which met their individual needs. "One person told us, "Yes, they [staff] support me. They always ask me if I am OK, is there anything else, I can do for you." Another person said, "They [staff] are so friendly, I feel like they are family. They never get angry. They support me, never criticise me."

People told us they knew how to complain and would do so if necessary. One person told us, "Either I would tell [manager] or chat with the Coordinator. And yes, they do act on my comments." The service had a clear policy and procedure about managing complaints. The registered manager told us that people were given information about how to make a complaint and what action the service would take to address a complaint. The service had maintained a complaints log, which showed when concerns had been raised the registered manager had investigated and responded to resolve the concerns. Records showed that complaints had been managed in line with the provider's complaints procedure. For example, one complaint was related to a late visit by a member of staff. The registered manager carried out an investigation, discussed with the complainant and resolved the issue to their satisfaction and told us that there had been no recurrence following their resolution. Records we saw confirmed this.

People received personalised care that was responsive to their needs. One person told us, "Yes, they [staff] did come and discuss what I needed. I asked them [staff], as sometimes I have difficulty getting out of bed and they have that in the care plan." Care plans were person centred and contained information about people's personal life and social history, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals. They also included the level of support people needed and what they could manage to do for themselves. Staff told us, that before they went to people's homes, they looked at their care plans to know how to support them.

The registered manager updated care plans when people's needs changed and included clear guidance for staff. For example, in relation to a change of care needs for people and a change of visit times to suit them. Staff completed daily care records to show what support and care they provided to each person. These care records showed staff provided support to people in line with their care plan. Staff discussed any changes to people's conditions with the registered manager to ensure any changing needs were identified and met. Records we saw showed that the care plans were up to date, which reflected the current needs of people.

Staff showed an understanding of equality and diversity. One person told us, "They [staff] do. If I need to pray and I am still going when they arrive, they give me that space to finish, if I am still going." Care records included details about their ethnicity, preferred faith, culture and spiritual needs. Staff knew people's cultural and religious needs and met them in a caring way. For example, staff supported people with religious and cultural needs in terms of their specific dietary needs. Staff we spoke with told us that the service was non-discriminatory and that they would always seek to support people with any needs they had with regards to their disability, religion, sexual orientation or gender.

Is the service well-led?

Our findings

People commented positively about staff and the service. One person told us, "The carers ask each time before they leave, if there is anything else they can do. I believe, as far as I am concerned the company is well run." Another person said, "I am happy. Since, they [staff] have been coming, I can see my health has improved."

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. The registered manager demonstrated an understanding of the requirements of the role and their responsibilities under the Health and Social Care Act 2008. For example, they knew the circumstances in which they should submit notifications to CQC. However, the registered manager told us that there had been no notifiable incidents since the registration of the service in May 2017. Records we saw further confirmed this.

The registered manager held regular staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels. Staff told us, in the staff meetings they discussed any changes in people's needs, roles and responsibilities, and guidance to staff about the day to day management of the service.

During the inspection we saw the registered manager interacted with staff in a positive and supportive manner. Staff described the leadership at the service positively. One member of staff told us, "The manager is making sure, service users are fine and their interests are at heart." Another member of staff said, "The manager is very good, is like a mummy and a professional." The registered manager told us the service used staff induction and training to explain their values to staff. For example, the service had a positive culture, where people felt the service cared about their opinions and included them in decisions. We observed staff were comfortable approaching the registered manager and their conversations were friendly and open.

The service had a system and process to assess and monitor the quality of the care people received. For example, the service carried out spot checks, telephone call monitoring, and conducted care reviews covering areas such as health and safety, home visit timings, care plans and risk assessments. As a result of these interventions the service had made improvements, which included changes of home visit timings, care plans and risk assessments were person centred.

People who used the service completed satisfaction surveys and all their responses were positive. The service had procedures in place to work effectively with health and social care professionals and commissioners.