

Apex Prime Care Ltd

Apex Prime Care - Basingstoke

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Apex Prime Care - Basingstoke is a home care service providing personal care to people in their own home. The service provides support to people with a range of needs including older people who may be living with dementia, a physical disability, younger people, or people who have a learning disability or autistic spectrum disorder. At the time of our inspection there were 72 people using the 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 received safe care from staff who knew them and their needs well. Where people required support with medicines this was provided, however we have recommended the provider continues to review some aspects of medicines recording practices.

We received consistently positive feedback that people were treated with kindness, dignity, and respect from staff when meeting their care needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; However, we have recommended the provider reviews their policies and systems.

People received care that was responsive to their needs. Care plans captured people's needs, choices and preferences in a person-centred way and ensured staff knew what was important to people and how they would like their needs met.

The provider maintained oversight of the service people received and the registered manager created a culture that was open and transparent. Audits were conducted to monitor and review the care provided to people, and where we provided feedback during the inspection the registered manager was engaged and took proactive steps to address our findings.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: Model of Care and setting that maximises people's choice, control and independence.

Right Care: Care is person-centred and promotes people's dignity, privacy, and human rights. We received consistent feedback from people and their relatives that staff supported people in a kind, respectful and dignified manner.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive, and empowered lives. The value of people's independence was at the heart of service delivery.

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

Rating at last inspection

The last rating for the service under the previous provider was Good (published on 25 June 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We have recommended the provider reviews medicines recording practises to ensure they are robust and ensure they fully embed the principles of the MCA and supporting best practice guidance.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Apex Prime Care - Basingstoke

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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by an 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection so the registered manager could contact people and their relatives to ask them to agree to talk with us on the phone, during the inspection process.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about this service since it registered and contacted social care commissioners to provide feedback. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, 2 members of senior care staff and 3 care staff members. We sought feedback from 6 people who use the service and 5 relatives on their experience of the care provided. We reviewed a range of records related to the service people received. These included 6 people's medicines administration records, 4 people's care plans, staff training records, 3 staff recruitment records and various audits in place to oversee and monitor the service.

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

Using medicines safely

- People had access to support to receive their medicines where required. This included people having individual medicines plans to ensure staff understood their role and responsibility for all aspects of people's medicines. Information included people's needs for support with prescription management, ordering, administration, and medicines return as some people were independent in some areas or had support from loved ones.
- The provider had an electronic medicines administration recording system which staff signed to confirm people had received their medicines. We reviewed people's medicines administration records which demonstrated people consistently received their medicines.
- We noted where some people required a time delay between their medicines being administered and foods being offered, this was not consistently recorded. We raised this with the registered manager who took immediate action to address this and provided assurance this had been reviewed following our feedback. We spoke with staff who understood people's needs and routines around their medication administration well.
- Where people were prescribed medicines to be given as required (PRN), there was basic information available on their use. Information included the dose, route, frequency, and body maps were available to identify where staff should apply topical creams. We noted information on signs and symptoms staff should look for could be more robust.

We recommend the provider continues to review and embed best practice guidance to ensure medicines administration records are contemporaneous and robust.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they received safe care. Comments included, "I am safe with the carers and very happy with the company", "I am definitely safe with my carers", and, "I feel very safe with all the carers."
- The provider had policies and processes in place to help safeguard people from the risk of abuse. Staff completed safeguarding training which helped develop their knowledge and staff we spoke with knew how to raise concerns.
- The registered manager took the appropriate actions when safeguarding concerns were raised about people's safety or welfare. They investigated concerns and shared relevant information with organisations to keep people safe, such as making safeguarding referrals to local authorities.

Assessing risk, safety monitoring and management

- Individual risks to people were identified, assessed, and well managed. People's care plans included

relevant person-centred information on their identified risks and steps staff should take to manage or mitigate these. This included where people were at an increased risk of falls, had a diagnosis of diabetes or required additional support to manage their mobility needs.

- Environmental risks to people were appropriately identified and assessed. This included risks identified within people's home environment and the external grounds of their property.
- The provider had an 'out of hours' telephone service run by senior staff. This meant people and staff could contact the provider outside of office hours in the event of an emergency.

Staffing and recruitment

- There was a recruitment process in place and the provider undertook pre-employment checks of new staff. This included Information Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers ensure suitable staff are employed.
- Most people and their relatives told us they received care from consistent staff who knew them and their needs well, and staff regularly stayed the appropriate length of time for their care calls.
- We reviewed a sample of people's care call rotas which demonstrated people were consistently provided with appropriate levels of staff support. However, we received mixed feedback from people and their relatives that they were informed of any changes such as if staff were running late. Some people told us staff generally arrived on or around the agreed care call times or they received a call, and some people told us they were not informed.

Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. We received feedback from people and their relatives that staff wore appropriate PPE when supporting them to meet their needs.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date. Where we noted some information on the provider's COVID-19 protocol reflected superseded guidance in relation to staff isolation requirements, we raised this with the registered manager and the provider took immediate action to address this during the inspection.

Learning lessons when things go wrong

- There was a system in place to report incidents and record actions taken as a result. Staff knew how to report incidents and the registered manager maintained oversight of reported information. This supported them to identify potential themes and patterns and ensure appropriate actions were taken to keep people safe.
- The registered manager discussed the importance of transparency and we saw evidence that they shared information with staff when learning from incidents occurred.

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.

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 MCA 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

- The provider had a system to capture and record assessments of people's capacity where these had been undertaken. However, we noted some discrepancies in the accuracy of the information recorded. For example, we found 2 examples where relatives had signed to give consent to care plans on behalf of their loved one as they were unable to do so due to their physical needs. We raised this with the registered manager who told us they would review this.

We recommend the provider reviews their process to ensure practices fully embed the principles of the MCA and supporting best practice guidance.

- The provider had processes in place to ensure people consented to their care and this was recorded in their care plans. People we spoke with told us staff regularly sought their consent before supporting them to meet their day-to-day needs.
- Where people had elected a legal representative to act on their behalf through a power of attorney, the registered manager ensured appropriate checks were completed to verify the information and information was included in their care plan.

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

- The provider ensured people's needs were assessed before offering to provide a service. Pre-assessment visits were completed with people and their relatives and where available they used information provided

by commissioners to support them to identify people's needs and explore how these needs could best be met.

- People's care records included personalised information about their histories and routines and people that were important to them.

Staff support: induction, training, skills, and experience

- There was an expectation that staff completed a range of training relevant to their role. We reviewed staff training compliance records which identified staff had completed up to date training which included safeguarding, dementia awareness, infection control, medication administration and moving and handling. However, we noted not all staff's competency to administer medicines assessments had been reviewed in line with the provider's policy or best practice guidance. We raised this with the registered manager who provided assurances that this had been completed by the end of the inspection.
- The provider ensured new staff received an induction to help them to understand the key requirements of their role. This included training on the use of the provider's electronic care planning system, time to read policies and shadow experienced care staff when completing people's care calls.

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

- People told us staff supported them with their dietary needs. Comments included, "[Staff] make my meals and drinks, they always leaving me with a drink before they leave", and "The carers look after me well and always leave me with a drink and other things I need at my bedside when they put me to bed."
- People's dietary needs were considered. People's care plans included information on their food preferences, health conditions such as diabetes and what support staff were required to provide at each care call.
- Where people required encouragement to maintain their dietary and fluid intake care plans prompted staff to ensure people had food, drinks, and snacks as appropriate between their care calls that they could easily access.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care plans included information on their health needs and how staff should support this. For example, where people had diagnosed health conditions their care plans included information for staff on signs and symptoms look for, how this may affect people's abilities and what support they required to meet their health need.
- Most people we spoke with told us they were supported by staff who knew them and their needs well. One person commented, "[staff] know me well and knew when I was unwell. A carer called an ambulance as I was going into heart failure, and she recognised the symptoms. She stayed with me until the ambulance arrived."
- Where people used assistive technology to maintain their safety and independence at home this was clearly recorded in their care plans.
- The registered manager made appropriate referrals to ensure people received the correct support. This included sharing information with relevant commissioning bodies where people were identified to have a change in their needs.

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

- We received positive feedback from people and their relatives that staff were kind and caring. Comments included, "The carers treat my [loved one] with dignity and respect both during personal care and at other times. They are kind and chatty always informing my [loved one] of what they are going to do and ask him if he wants a shower", "They are polite and friendly and genuinely look out for both my [loved one] and my welfare", and "The carers are very kind and respectful. They have my wellbeing at heart."
- The provider had policies in place to help ensure staff considered people's protected characteristics under the Equality Act 2010, when planning and delivering care.

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

- The provider supported people to give feedback on the care they received. This included opportunities provided at planned care reviews and staff spot check visits.
- Staff we spoke with told us how they ensured people were supported to make decisions about their care. This included offering people choice of foods, drinks, and clothing and providing advice and guidance to people to make decisions around their day-to-day routines.

Respecting and promoting people's privacy, dignity, and independence

- We received feedback from people and their relatives that people were encouraged to maintain their independence. For example, one person commented, "They are there to help if I need help to shower, but sometimes I can do it myself and they respect that, but they are here in case I need them."
- People's care plans included detailed information for staff to ensure they supported people with a kind and caring manner which promoted their dignity and independence.

Is the service responsive?

Our findings

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's care plans were comprehensive and detailed their routines and what was important to them. Information for staff was person centred and ensured people were at the heart of the delivery of their care.
- People were supported by staff who knew them and their needs well. We received overall positive feedback that people had built positive relationships with the staff who supported them.
- People's care plans included information about their likes, dislikes, life history, and important relationships and people in their life.
- Where people had a medical diagnosis, there was information for staff on how this may affect the persons abilities.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans included information on their communication needs. For example, one person's care plan prompted staff to ensure they allowed the person time to process and respond when information was shared to support their understanding.

Improving care quality in response to complaints or concerns

- People and relatives we spoke with told us they knew how to raise concerns. Most people and relatives we spoke with told us they had not needed to raise any complaints; however, we received feedback from some relatives that they did not always know what actions had been taken when they shared feedback with the office. We shared this feedback with the registered manager who told us they would review this.
- The provider had appropriate systems in place to record, respond to, follow up and close complaints.

End of life care and support

- At the time of the inspection there was no one receiving end of life care.
- The provider had appropriate policies in place to ensure staff knew how to support people to have appropriate and dignified care when palliative care was required.
- The registered manager understood the importance of working with relevant health professionals and support networks to ensure people and their families had appropriate care and support in place.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and senior staff completed a range of audits to review the service provided to people. This included audits of people's medicines records, care plans, planned care reviews and staff training and development. Where we have noted in the report our recommendations, the registered manager told us they had reviewed the scope and delegation of some audits to embed the actions they have taken as a result of our feedback. The registered manager was open and engaged and took immediate action in response to our feedback during the inspection process and we found no evidence that this had impacted the quality-of-care people received.
- The provider had a range of policies and procedures in place. During the inspection we noted some disparity between the provider's policy in respect of PRN medication and training materials which we raised with the provider. We received assurances that information had been reviewed to ensure staff received consistent information to support care delivery in-line with best practice guidance.
- The provider used electronic systems to support them to review the day to day running of the service. This included oversight of care calls, tasks allocated for completion at care calls and completion of electronic medicines records. The registered manager told us this supported them to ensure people received the care they required, and any discrepancies could be quickly identified and resolved.
- The registered manager undertook weekly audits which were shared with the provider's senior management. This allowed the provider to maintain oversight of the service and address any issues identified. Information audited included staff rotas, COVID-19 status of people and staff, complaints and compliments and safeguarding.
- There was a clear management structure in place. The registered manager was supported in the running of the service by a team of senior staff. Each senior staff member had a clear set of roles and responsibilities.

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

- We reviewed the compliments log of feedback the provider had received over the past 12 months from people and their relatives. All comments reviewed praised the care people had received from staff and the positive outcomes this had for people. For example, one entry read, "Your carers are great, I would be lost without them, I certainly wouldn't be able to stay at home", and another stated, "Thank you for accommodating all my changes, I know this hasn't been easy at times. Your team are so valuable to me, I truly appreciate your help."
- Staff told us they were supported and felt confident that they would be listened to if they had any

concerns. Staff could access support from the office when required which included an out of hours support line.

- The quality of care provided to people was regularly reviewed. Senior staff undertook spot checks of staff's performance in people's homes to ensure they met people's care needs in line with the persons wishes and the providers expectation.

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 promoted an open and transparent culture and understood their requirements under the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought feedback from people and relatives through an annual survey. People's feedback was reviewed by the registered manager and where feedback benefited from follow up contact with people the registered manager actioned this.

- The provider engaged staff via supervisions and team meetings. This gave the staff a chance to share good practice to help promote a consistent approach.

Continuous learning and improving care

- The registered manager was able to seek advice and guidance from the providers internal resources and information across the providers portfolio was shared to drive improvement where this was appropriate.

Working in partnership with others

- The provider shared feedback with us where staff's commitment and knowledge of a person's needs had been praised by a health professional.

- The service had links to the local authority commissioners and other organisations to ensure people received joined-up care.

- Where the local authority commissioned the service provided by Apex Prime Care Basingstoke they completed contract monitoring of information they held about the provider. We reviewed feedback they received from their last meeting between October and December 2022 and no concerns were identified.