

Apex Prime Care Ltd

Apex Prime Care - Dorchester

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

This inspection took place on 29 March and 4 April 2018 and was announced. The inspection was undertaken by one inspector and an expert by experience.

This service 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 and younger disabled adults. This service provides care to older people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing. There were 39 people who received personal care from this service at the time of the inspection.

There was a registered manager in place. 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.

At the last inspection in October 2015, the service was rated Good in all domains and at this inspection we found the service remained Good.

People continued to receive care from staff that were caring, kind and compassionate. People and their relatives spoke very highly of staff.

People told us they felt safe. All staff were clear about how to report any concerns and were confident that any concerns raised would be responded to. The registered manager knew how and when they should escalate concerns following the local authorities safeguarding protocols.

The registered provider had a system in place to ensure people received their medicines as prescribed. Staff continued to receive training to administer medicines safely.

People continued to receive care from staff who had the right knowledge and skills to meet their needs.

People's needs were assessed and their care was planned to maintain their safety, health and wellbeing.

There were systems in place to monitor incidents and accidents.

Staff treated people with dignity and respect and asked for people's consent before providing care.

People continued to be supported to have maximum choice and control of their lives and staff supported them to maintain their independence where possible.

Staff told us there was good communication with the management of the service and they felt supported. Staff continued to have good levels of support and supervision to enable them to carry out their roles.

The provider had processes in place to monitor the delivery of the service. People's views were obtained through surveys, one-to-one meetings, meetings with people's families and social workers.

The provider had a process in place to enable them to respond to people and their concerns, investigate them and had taken action to address their concerns.

Staff were knowledgeable about people's needs and told us they left drinks and snacks for people where required.

Staff told us that they seek the guidance from healthcare professionals as required. They told us they would speak with people's families and inform the management team if they had any concerns about people's health.

The management team were proactive in identifying continuous learning to drive improvements within the service.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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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.

This inspection took place on 29 March and 4 April 2018 and was announced. The provider was given short notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office. The inspection was undertaken by one inspector and one expert by experience. The expert by experience spoke with people who used the service and their relatives by telephone. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We visited three people in their homes. We spoke with eight people over the telephone about their experience of the service and three relatives. We spoke with four members of staff and the registered manager. We also spoke with one health care professional and one social care commissioner.

We looked at care documentation relating to four people, five people's medicines administration records, four staff personnel files, staff training records and records relating to the management of the service including quality audits.

Is the service safe?

Our findings

People's relatives told us they did not have any concerns about the care and support their relative received. People told us they felt safe with the staff that supported them and when staff used equipment to support them to move. One person told us, "Absolutely feel safe".

Staff safeguarded people from avoidable harm. Staff had received training in safeguarding adults. Staff recorded and reported any concerns they had, and were confident the registered manager would take action in response to any concerns.

Staff supported people to manage and reduce any risks to their safety. This included managing risks such as people at risk of pressure sores, eating and drinking and falls. Risk assessments were continuously reviewed and proactively managed to maximise people's independence. For example, staff followed advice from the occupational therapist team to support people to move safely in their home and maintain their independence. Risk assessments were completed with input from health and social care professionals and promoted people's independence.

Accidents and incidents reported continued to be reviewed by the registered manager to ensure all appropriate steps were taken to minimise risks. Staff were aware of the reporting process for any accidents or incidents that occurred. There was only one incident in the last 12 months. The incident had been responded to and actions taken in response to concerns raised. The staff discussed any deterioration or changes to people's health to proactively manage risks and to identify any learning.

The provider had made arrangements to provide care to people during the recent bad weather when some roads were impassable during the snow. The registered manager shared with us the thanks they had received from their commissioners for providing care to people during this period. We received feedback from three people that they had not received a visit during this period. They told us staff had told them they would not be able to get to them but they were not concerned as they had family living close by or living with them. The registered and deputy manager told us visits to people living alone were prioritised during this difficult period and they had checked with people that they food available. One person told us staff had missed a care visit. The person did not live alone and told us they were able to manage that day. We raised this with the deputy manager in the registered manager's absence following our inspection. They told us that actions would be taken to apologise to the person and ensure this did not happen again.

There were enough staff to meet people's needs. People had been assessed for the numbers of staff they would need and in the response to any changing needs. The majority of people and their relatives told us they had regular care staff. Comments included, "I have a primary carer" and "I have four regular carers". Two people told us they did not always have regular care staff. One person told us, "There are different carers for the double up calls" and "Sometimes there is a change in carers". The registered manager told us care visits were planned so that people had regular care staff. However on occasions care staff had to provide care to people they did not visit regularly in response to staff leave and sickness.

Safe recruitment practices were followed. Recruitment checks included obtaining references from previous employers, checking people's eligibility to work in the UK and undertaking criminal record checks. These checks help employers make safer recruitment decisions and help to prevent unsuitable people from working with vulnerable adults.

People received their medicines as prescribed and records were maintained of medicines administered. Care visits were planned to ensure there were sufficient gaps between medicines being administered. There were body maps in people's care records to instruct staff where to apply creams as prescribed. People were encouraged to maintain their independence around medicines. Protocols were in place instructing staff about when to give people their 'as and when required' medicines.

Staff followed procedures to prevent and control the spread of infection. Staff received food hygiene and infection control training. Staff told us they always had access to personal protective equipment [PPE], such as disposable gloves and aprons and wore PPE when providing care and preparing food. People told us staff wore gloves and aprons when providing care. One person told us, "[The staff] always wear gloves and aprons and change them when making lunch". Staff had completed food hygiene training and there were correct procedures followed where food was prepared.

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to meet their needs. People told us staff met their needs. People and their relatives spoke well of staff and told us staff had the right skills to carry out their role. One person told us, "They are all very kind and skilled". Staff that we spoke with told us they felt supported to do their job well. One member of staff told us, "I can't fault the training". Another member of staff told us, "I feel supported".

People's care was assessed to identify the care and support they required. There were comprehensive needs assessments in place, detailing the support people needed with their everyday living. The assessment covered people's physical, mental health and social care preferences to enable the service to meet their diverse needs. These care plans contained clear instructions for the staff to follow so that they understood people's medical conditions and how to meet individual care needs with input from relevant health care professionals and people's representatives. For example, one person's care plan detailed their health care condition that affected their mobility and swallow and how staff should meet their needs using specialist equipment. These plans had clear guidance for staff to follow and staff received training and support from external healthcare professionals to use specialist equipment.

Staff had the knowledge and skills to undertake their role. This included in regards to safeguarding adults, food hygiene, supporting people to move safely, and administering medicines. Staff were provided with specialist training to use equipment and to understand people's health conditions where required. One member of staff told us they received training from a healthcare professional from a local hospital to use specialist equipment. All staff told us they felt supported by the management team to carry out their role. Comments included, "very supportive [registered and deputy manager]" and "I feel supported". Staff received regular supervision and their approach and competence was checked by the registered manager.

The provider and registered manager had systems in place to support new staff with completion of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. New staff were also supported to learn how to support people's individual needs by shadowing experienced staff, discussions at team meetings and observations of their competency checked. Staff told us they completed a programme of training and shadow shifts with experienced colleagues to get to know people's needs, and preferences. One member of staff told us, "You learn how gentle you need to be".

Staff supported people well to eat and drink well to meet their needs. One person told us, "Carers prepare lunch in the way I like it". People with specific health needs in respect of their eating and drinking were protected from risks. For example, Staff followed guidance from healthcare professionals when supporting people to eat with swallow difficulties. Staff described how they encouraged people to eat and drink when they carried out their visits. Staff told us they made sure people had access to drinks and snacks in-between their visits and monitored some people's fluid intake where required.

People told us staff sought their consent before providing care and respected their independence. One person told us, "They respect what I can do and let me get on with things". Staff we spoke with were aware of how to respect people's choices and the need to ask for consent prior to carrying out any care tasks. Everyone that used the service had capacity to give consent to the care provided. 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. The management team had a good understanding of the MCA and staff had an understanding of how these principles applied to their role and the care they provided. Staff showed a good understanding of protecting people's rights to refuse care and support.

Staff liaised with health and social care professionals to ensure effective care and support was provided to people. This included working with social workers, referral officers, occupational therapists and other health professionals. This ensured the right support and equipment were secured promptly and helped people continue to live independently or referring people for further advice and assistance. A healthcare professional that we spoke with told us the service made referrals to them at the right time and followed their recommendations. Staff supported people to use pressure relieving equipment, such as specialist equipment and walking aids in line with advice from health care professionals. People who used the service had the necessary equipment, such as walking aids they needed to help them maintain their independence by doing as much as they could for themselves.

Staff worked well with other staff in communicating people's needs and outside agencies to deliver effective care and support to people. For example, the registered manager contacted the commissioners of the service when people's needs changed and they required more care hours.

Is the service caring?

Our findings

People and their relatives told us that staff were kind and had a caring approach. Comments from people included, "They [the staff] are very helpful", "I am definitely happy with the care, I have a good laugh with a few of them" and "Apex carers are the best". We observed staff talking to people and their relatives in a friendly and relaxed way. Two relatives came into the office whilst we were there and thanked the registered manager and staff for how they had looked after their relative.

Staff we spoke with demonstrated a caring approach to people and expressed that they wanted to provide care that met people's needs to improve their quality of life. Staff knew about people's care needs and were able to explain people's preferences and daily routines. One person told us staff knew how they liked care to be provided. They told us, "I have a set routine". Staff told us they got to know about people's preferences through talking to people and reading people's care plans. Staff spoke positively about working at the service. Staff told us, "I love it" and "There is real professionalism here".

Staff understood how important it was to ensure they respected people's privacy, dignity and encouraged people's independence. The registered manager told us that people were asked about their preference for male or female care workers and this was respected. People told us staff respected and protected people's dignity. One person told us that staff shut the doors and put a towel over them when providing care to maintain their dignity. People told us staff encouraged them to be independent. Comments included, "They help me to do as much as I can" and "Carers enable me to do as much for myself". Staff told us their work was very busy but they had sufficient time to listen and talk to people. Care was provided in line with this and there was detailed information in people's care records about how they liked to be supported and what was important to them.

People were involved in decisions about their care. People and their relatives told us they were involved in decisions about how their care was delivered and reviewed. Comments included, "Had first review [of care needs] after six weeks and another two weeks later" and "Every six months have had a [care plan] review". One person told us they had not had a care review "for a long time". People's care plans were reviewed and updated regularly by staff. The service had produced an information leaflet for people that had recently moved into an extra care housing service, giving them information about local groups and support.

The service was meeting the requirements of The Accessible Information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. Staff communicated with people in accessible ways that took into account any impairment which affected their communication such as hearing loss and delayed speech. The registered manager had shared information with staff about the accessible information standard and introduced a review of people's care plan against this standard.

Is the service responsive?

Our findings

People and their families were involved in developing their care plans. Comments from people included, "They came out with the OT and manager" and "Yes, me and the manager". Two relatives told us they had been involved before the package of care started with their relative. Staff told us they were supported to understand what was important to people and how to support people to have as much independence as possible. One member of staff told us, "

Care plans were person centred and responded to people's current needs. The care plans provided clear guidance to help staff assist to get to know people and understand their needs and how they liked to be supported. Care plans were person centred and detailed how staff should support people's individual needs, including their communication needs, health and support to eat and drink. For example, one person's care plan detailed how staff should support them differently when their mobility deteriorated on some days. For another person, their care plan included detailed information on the person's wishes and how they wanted to be supported. Staff spoke confidently about the individual needs of people who used the service.

Care and support provided was responsive to people's changing needs. Staff took action in response to people's changing needs. For example, one member of staff told us they contacted an ambulance for someone and the person had now returned home from hospital following tests and treatment. The registered manager had a system in place to monitor people monthly who had complex needs or could not express fully their changing needs. People's changing needs were reported by care workers to the office staff who were responsible for scheduling care visits and amending care plans. For example, for one person their care needs had been reviewed in response to changes in their mobility and health. The person was now supported using a hoist, following advice from an occupational therapist and staff carried out visits in twos to support them to move safely. For another person, the staff team were monitoring the person's changing needs to monitor risks and adapted the plan to meet their needs at home.

People were supported to raise complaints if they were unhappy about the service they received and their complaints were responded to. The majority of people told us they had not raised any concerns about the service. Four people and one relative told us they had raised a complaint. Three people told us they were happy with the way that Apex had responded. People we spoke with said, "Only once [raised a complaint] during the nine years of service. One carer came in 11 times and still did not remember the routine. I asked Apex to remove her. I was happy with the outcome", "I had a carer I did not want in my house and Apex cancelled them" and "I complained about a missed call and no I was not happy how it was handled". One health care professional told us they had not had any complaints about the service.

There was a complaints procedure in place. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. The procedure gave details of who to complain to outside of the organisation, such as CQC and the local authority should people choose to do this. We looked at complaints records for the past 12 months and we saw that complaints had been responded to. For example, advice was sought from a healthcare professional

following concern from one person how they were being supported to move.

Compliments were also recorded and we saw a number of these had been received from people who used the service or their relatives, a health care professional and a commissioner of the service.

The provider was aware of some people's end of life wishes. However no one was receiving care at the end of their life. The registered manager told us staff would receive specialist training to meet an individual person's end of life needs, as they service had arranged in the past. They told us they were developing their approach to how they could support everyone to communicate their future end of life wishes.

Is the service well-led?

Our findings

People, relatives and healthcare professionals spoke positively of the staff and management team. The majority of people told us they felt the service was managed well. Comments included, "Yes, as far as I am concerned", "Overall I think so" and "Yes, but some carers are rushed". One person told us they were happy with the care staff but did not think the office was well managed. One healthcare professional told us the service was "well managed" and "[The registered manager] will always ask for advice and respond". Staff spoke highly of the support they received from the registered manager, and management team. Comments about the management team included, "very supportive", "high standards" and "you are supported here".

There were systems in place to review, monitor and improve the quality of service delivery. This included a programme of audits and spot checks, reviewing any incidents and accidents, quality of care records, support to staff and meetings with people who use the service. For example people's care plans, risk assessments and daily logs were checked to ensure they were up to date and completed to a good standard. Unannounced spot checks were carried out by a member of the management team to people's homes to assess the quality of the support provided. They checked that staff were providing care as planned to meet people's needs. At these visits people who used the service were also asked for their feedback. One member of staff responsible for carrying these checks told us they were clear about their responsibilities.

There were systems in place to check the staff training records to make sure staff training was up to date and staff were equipped to carry out their role and responsibilities and any training needed was booked. The office team had contact with staff on a regular basis to respond to any issues and provide support. The registered manager had identified improvements to how the interests, likes and dislikes of people living with dementia were recorded. Staff told us they were aware of people's interests and likes and dislikes by talking to people and their families. The registered manager told us they were going to develop more detailed care plans to support people living with dementia.

The registered manager met weekly with the deputy manager and other office staff to review the service. They discussed the operational effectiveness of the service and any issues or concerns arising with the service they were providing to people. Staff we spoke with told us that the management team in the service expected staff to do a good job. One member of staff told us the registered manager had high expectations of the quality of care provided and staff's "professionalism". All the staff we spoke with told us how much they enjoyed their job. Comments from staff included, "You can count on each other" and "Everyone does their job".

The provider and registered manager had clear values which were promoted by the management team to all staff. The culture of the service was open and inclusive. Staff we spoke with consistently demonstrated the provider's values to help people maintain and where possible improve people's independence. Staff told us they felt part of the team and were able to contribute to meetings and share ideas for the benefit of the people using the service. "You only have to say something and it gets sorted "

Feedback from staff, people and relatives had been sought via surveys, meetings and telephone calls. This

helped the provider to gain feedback from people and relatives on what they thought of the service and areas where improvement was needed. Comments from a survey in July 2017 included, "Grateful to have a regular carer" and "I have a team of regular carers, they know the routine and various extras that I need to be helped with". One person told us the management team contacted them for, "spot checks". Other comments included, "They occasionally phone to check if all is ok", "Occasionally I get a phone call [to give feedback] and "yes, they have done monthly [contact the person for feedback]". Two people told us the management team did not contact them to check they are happy with the service. The majority of people told us the management team listened and would act on what they told them.

Staff understood how to whistle-blow and told us they would raise concerns about people's practice with the safeguarding leads or contact the local authority or CQC. All staff told us they did not have any concerns about people's current practice and were clear about their responsibilities to keep people safe.

The registered manager submitted statutory notifications as required to notify us about certain changes, events and incidents that affect their service or the people who use it. The registered manager told us they were well supported in their role and they kept up to date by attending training, local meetings with commissioners and partnership groups.