

APT Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Requires improvement 

Is the service caring?

Requires improvement 

Is the service responsive?

Requires improvement 

Is the service well-led?

Requires improvement 

Overall summary

This inspection took place on the 24 and 27 November 2015 and was announced.

APT Care Limited is a domiciliary care service providing personal care and support to people in their own homes. They provide care to people requiring both long-term and short-term support following hospital discharge. At the time of our inspection, the service was providing care and support to 111 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 2008 and associated Regulations about how the service is run.

During our inspection we found that the service was in breach of several regulations. You can see what action we told the provider to take at the back of the full version of the report.

Staff received training in safeguarding and understood how to recognise and report signs of abuse, although they did not always understand the service's whistleblowing policies. People we spoke with told us they generally felt safe when supported by a regular

Summary of findings

member of the staff team. The service had a safeguarding policy in place and was making the appropriate referrals to the Local Authority and Care Quality Commission. Staff were recruited safely to the service and had undergone the correct pre-employment checks before commencing work with the service. They received full training and induction before they began supporting people.

Short-term care plans and risk assessments were not always detailed enough to keep people safe. Often, information in care plans was taken from hospital discharge notes and didn't always accurately reflect the person's needs. Daily notes taken by care staff were not always completed in sufficient detail, and care plans were not always updated or reviewed when people's needs changed. This was an area identified as "requires improvement" during their last inspection, and the service could not demonstrate to us that they'd made sufficient improvements in this area to keep people safe.

Staff were not always able to tell us how people consented to care being provided. Care plans were not always signed by or on behalf of the person to indicate consent. People told us they weren't always involved in the planning of their care and didn't know what information was in their care plans.

Management of medicines was inconsistent. MAR records were often copied from hospital discharge information and were hand written and prone to errors. Records of medicine administration were not always fully completed

and there were not adequate systems to audit these records to highlight errors or omissions. Medicines were being administered by staff who did not always fully understand what the medicine was or why it was being given.

People we spoke with felt that staff who cared for them were friendly and compassionate. We found that staff were knowledgeable about people who were supported through long-term packages with the agency and understood their needs well. There were usually enough staff to meet people's needs, however people told us that calls were sometimes too early or too late, and that care could be inconsistent with different carers visiting on occasion.

The service had a system for handling and investigating complaints. However they did not always implement changes promised in response to these complaints, and there was insufficient evidence of how the service routinely learned from these.

The service did not have an appropriate system in place for internal audits. Quality assurance was instead undertaken through staff surveys and questionnaires.

Staff were positive about the management of the service. There was an open culture in the service which encouraged staff feedback and provided people with the opportunity to discuss issues relating to their care.

Summary of findings

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 not always safe.

Risks to individuals were not always identified or managed appropriately and this had not improved significantly since the last inspection.

There were not always effective systems in place to manage administration of medicines.

There were enough staff to meet people's needs.

Requires improvement



Is the service effective?

The service was not always effective.

Staff training needs were not always being met and staff were not always suitably trained to carry out their duties effectively.

There was not always clear evidence of how people consented to their care.

Requires improvement



Is the service caring?

The service was not always caring.

Staff did not receive training to understand dignity and respect and people told us they didn't always feel respected by staff.

People told us that their regular staff were friendly and compassionate.

Requires improvement



Is the service responsive?

The service was not always responsive.

Care plans did not always contain a sufficient level of detail to meet people's changing needs.

The service did not always appropriately handle complaints or implement changes as a result of concerns raised by people.

Requires improvement



Is the service well-led?

The service was not always well-led.

There were no robust quality monitoring systems in place.

People were not always positive about the management and culture of the service.

Requires improvement



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 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 took place over four days from 24 to 27 November 2015 and was announced. The provider was notified the day before the inspection because the location provides a domiciliary care service and we needed to be sure that someone would be in the office on the day of the inspection. Our inspection took place in response to an increase in safeguarding referrals from the Local Authority.

The inspection team was made up of two inspectors.

Before the inspection we reviewed the information available to us about the service such as that received from the local authority, any sent to us by the provider including notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with 11 care workers, the deputy manager, the provider and the registered manager. We reviewed the care records and risk assessments of 10 people who used the service, checked medicines administration records, daily records and reviewed how complaints were managed. We also looked at 12 staff records and the training for all the staff employed by the service. We reviewed information on how the quality of the service was monitored and managed. We contacted seven people using the service by telephone to ask for their views on the care they received.

The service had last been inspected in March 2015 and was rated as 'good' in four areas and 'requires improvement' in safe. We initially undertook a focused inspection on safe and then returned to complete a comprehensive on the basis of concerns identified on the first day.

Is the service safe?

Our findings

At our last inspection in March 2015 we identified that assessments for people who received short-term care packages were not always fully completed and that this was a risk to people's safety as staff did not have enough information to support them safely. The Registered Manager told us they had addressed this by amending the form used for initial assessments of people's needs. However, we noted that the old format was still being used in most of the care plans we saw.

We found the assessments were basic and did not provide adequate information to appropriately support people who required care following discharge from hospital. The assessments were also not always reflective of people's individual needs. This was because for one person, the hospital discharge information that identified them as being at risk of developing pressure ulcers had not been included in their care plan. Another care plan stated that pressure ulcers needed to be monitored by staff, but there was no evidence of how they would meet this need. The manager of the service told us that the information should be contained within the daily care notes, but this was not evident when we reviewed the person's records. This meant that staff did not have accurate information to provide appropriate and safe care for these people.

When a person was discharged from the hospital, care staff transcribed the medicines from the hospital discharge letter onto the provider's medicine administration record (MAR). The way the MAR were originally written and re-produced was not robust enough and open to mistakes as this relied on one member of staff transcribing accurately what was prescribed by the hospital. For example on the first hand written chart for one person, a diuretic medicine (Bumetanide) had been prescribed to be given every 48 hrs. The first chart included this medicine though it was only given once on 7 October 2015. A subsequent chart had the instruction at the top, but the medicine was not listed. The records did not convey if this medicine had been stopped or if it had been omitted in error. As the MAR had not been audited, the staff were not able to tell us what the correct prescription should be, other than it would need investigating. This meant that the person had been put at risk of not taking their medicines as intended by the prescribing physician.

On the MAR, we also noted that on one day, there was a cross against all the morning medicines with no explanation as to why. We were told care had been stopped because the service had identified safeguarding concerns, but we noted that the care records for that day suggested that a morning visit had been made to the person. On the same day, we saw no further entries in the care records to show that subsequent visits had been made, but the MAR showed that the prescribed creams had been refused by the person. This made it unclear whether the person had been fully supported as required and we could not determine how staff followed up on medicines that were routinely refused.

We noted that staff did not always use agreed codes on the MAR as some had gaps, crossing outs or crosses that made it difficult to clearly ascertain if those medicines had been given and when. When we asked about how the MAR were being audited in order to ensure that the staff were administering the medicines safely and in line with the company's policy, we were told that it was expected that these would be audited as soon they had been returned to the office each week. However on 24 November 2015, we noted that the MAR for October 2015 had yet to be audited. This meant that the auditing system was not robust enough to identify any errors that may have occurred and in a timeframe that would allow them to be rectified or learnt from. Also, in contrary to their own policy which stated, 'Errors including recording and procedural should be reported to CQC and manager', they had not sent any notifications of these to us. We saw evidence in staff files that some of these incidents had been addressed individually with the member of staff in question.

The service did not have a robust policy in place for reporting accidents and incidents. Although there was a system in place for recording these, there had not been any recorded since March 2014. It was not always clear what constituted an accident or incident. A policy provided to us on the last day of the inspection detailed how this would be reported in the future. Care plans we saw included environmental risk assessments which ensured that any risks in people's homes were identified and appropriate control measures were put into place to protect people and staff from harm.

People also had individual risk assessments in place to manage any risks identified during the assessment process. However, some of these lacked detail. For example, a risk

Is the service safe?

assessment in relation to supporting a person to have a shower only confirmed that the person needed assistance, but did not have the details of how staff should do this. The risk assessments also provided conflicting information. For example one person's risk assessment suggested they were unsteady on their feet and needed support, it also stated that they moved independently although there was a tick against the use of a rota stand, which was equipment that would be used to aid the person to move safely and would require the support of staff.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had an understanding of safeguarding and knew how to report concerns. Staff were trained in safeguarding people by the provider and could list different types of abuse and the appropriate agencies to contact if they felt people were at risk. We discussed previous evidence that the service was not raising safeguarding concerns and saw

that they had improved. It was evident that these were now being reported to the relevant authorities. However, two staff could not tell us whether the service had a whistle-blowing policy or describe what this meant.

We reviewed staff's recruitment files and saw that all pre-employment checks had been completed prior to them commencing employment with the service. This included obtaining references from previous employers, and Disclosure and Barring Service (DBS) checks had been completed for each member of staff.

The provider had enough numbers of staff to meet people's needs safely. We saw rotas which showed us how staff were deployed and these were managed by a dedicated member of the office staff to ensure that people were supported as planned. People we spoke with told us that their planned visits were rarely missed and that the service generally provided staff in line with their care plans.

Is the service effective?

Our findings

Training was provided by the owner of the service, who had completed “train the trainer” courses in medicines management, moving people and safeguarding. We looked at their certificates and saw that they had completed the courses in 2013. Although the provider told us that he kept up to date with relevant training and refreshed his knowledge by reading through statutory guidance and legislation, there was no recorded evidence of this.

Staff we spoke with told us they felt able to deliver care to people and were positive about the training they had received. One member of staff said, “We have lots of training from [the provider], from health professionals and from lecturers. It is all good.” However, we spoke with a person’s relative who told us that they had not always received trained staff to care for their relative. They told us, “[Relative] would like the same carers coming in and the ones that are trained. [Relative] has to have thickener in his drinks and they sent a carer who had only started 6 days earlier. They gave him a drink while he was laying down.” The relative told us the member of staff was therefore not able to provide the required support safely as they had put their relative at risk of choking.

Training needs were identified but not always met. For example, we saw minutes from a meeting in which the need had been identified for staff to have a better understanding of dementia care. The minutes stated that new members of staff had been shown a video on dementia during their induction, but they did not receive any further specialised training.

Staff files showed that they were not always regularly supervised. A member of staff told us, “I’ve had supervision twice in the year that I’ve worked with APT.” In all of the records we saw, there had been an agreement made with each member of staff that supervision would take place every 8 weeks. However we saw that supervision was taking place only twice a year in the majority of cases, and there was no internal system in place to alert the manager when these were due. Performance reviews took place, but in the

majority of files we saw, these had not taken place for over a year. Some members of staff who were new to the organisation had not received any performance review or supervision for the first few months of their employment. We saw that the service completed ‘shadowed supervisions’ where a senior person would observe a member of staff delivering care in the community, but these were not found in all staff files.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The care plans had been written and signed by the staff, but we did not see many examples of people signing to confirm their agreement with them. The manager told us this was because many of the people choose not to sign. However there was no documentation to confirm they had been asked to sign and had refused apart from one care plan that stated, “[person] refused to sign, [they] wanted to read everything which would have taken all day.” This showed that people were not always given the time they required to read and understand their care plans. Staff told us they always asked for verbal consent before providing care and the service’s policy on consent stated that this was acceptable.

Also, staff did not have an understanding about their responsibilities under the Mental Capacity Act 2005 (MCA). We did not see any evidence of how the provider ensured that they provided appropriate care to people who might lack capacity to consent to or make informed decisions about their care and support.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People’s support plans included details about the person’s healthcare needs; however these were not always completed in adequate detail. People’s conditions were listed in their assessments and hand written onto their care plans, but staff were not always provided with enough further information or training to better understand the condition.

Is the service caring?

Our findings

Some of the information we received prior to the inspection included concerns about the quality of the care that was being offered by the service. We found that staff were sometimes required to support people at short notice and they did not always have enough information available in their care plans to enable staff to understand their individual needs and preferences. This meant that staff could not always develop a caring and compassionate relationship with people with limited verbal communication skills as there was not adequate information available to allow them to fully understand the person's needs.

One person we spoke with told us that staff were caring. They said, "The staff are friendly and caring, I can't have any complaints." Another person told us, "I have no complaints about my carers, we have jokes and plenty of laughter. I have gone through a bad time lately with the illness of my [relative] and they have been very supportive." However one person said that they did not always feel their staff were caring. They told us that a member of staff had damaged their property and had not apologised. They told us, "She just wants to get in and get out, that's the problem with her."

People using the service were asked to feedback to the office any issues affecting their care. The service kept files which detailed a record of contact made with people using the service and people told us that there was always somebody at the end of a phone if they needed support or guidance.

Staff were able to tell us how they respected people's dignity and privacy. They told us that they always knocked on people's doors and ensured that the environment was appropriate for them to receive care. One person we spoke with told us, "Yes they try and keep everything private, they're always respectful of what they're doing."

People told us that staff were not always on time. Staff we spoke with told us they prioritised people with long-term care needs over those with short-term, 10 day care packages and this meant that some visits were not always done at the times agreed with people using the service. We looked at daily records and contrasted these with care plans, and found that people's visit times did vary on occasion for people on these short-term contracts. The manager told us they would always inform people if their visit times were likely to vary from those previously agreed and that sometimes they had to be flexible when people asked staff to support them at different times.

People told us they generally had the same care staff. However, there were occasions where people did not always have care provided consistently by the same staff. One person we spoke with told us, "It's not always the same carers; we have a lot of different ones turn up." Another person told us, "I can't understand some of them." We discussed this with the manager who told us that they had addressed this with staff in the past to ensure consistent care for people using the service. We also saw that this had been discussed in team meetings and staff supervision meetings.

Is the service responsive?

Our findings

Two people we spoke with told us they did not know what was in their care plan. One person said, "I haven't seen my care plan, I'm not sure what's in it." Another person told us, "I don't have a clue what's in there [their care plan]."

Care plans had not always been written in sufficient detail to ensure that care was provided in a way that appropriately met people's individual needs. For example, a care plan stated that a person needed assisting with various aspects of personal care, but did not elaborate on how this care should be provided. Another care plan indicated that the person 'needed motivation', but it did not tell staff how to do this. Therefore, there was a risk that care and support would not always be provided in a consistent manner.

Another person's care plan and risk assessment informed the staff that the person had difficulty in swallowing and needed to have their food cut. The instructions for lunchtime support told staff that the person had their meals delivered and may need support to eat this. At this visit, staff also prepared a sandwich for teatime as there was no further support for the person until bedtime. A risk assessment had not been completed to ensure that the person was able to eat the sandwiches without a risk of them choking. It was reported this was because the person became agitated during the assessment and we saw no evidence that staff had made a subsequent attempt to undertake the risk assessment. We saw in the daily log that it was reported that the person had been given cornflakes and toast for breakfast, and bread and butter or soup at lunchtime. There was no evidence that the person's preference to have a hot meal for lunchtime had been adhered to.

An investigation about a person who had sustained pressure injury as a result of poor positioning in bed had made recommendations to prevent this from happening again. However, there was no mention of the incident in the

person's care plan, and no changes had been made to improve the person's care outcomes. There had also been concerns following difficulties with a person's catheter care. The local authority had asked that staff recorded in the care notes all instances where catheter bags were emptied to prevent the situation from occurring again. However this was not being recorded in the care records we saw. We saw one care plan which stated that pressure areas should be monitored, but there was no evidence in the person's care plan of how this was being met and daily notes did not mention that this monitoring had taken place.

This was a breach of Regulation 9 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014

The service had a policy in place for dealing with complaints. We looked at six complaints that had been made since the last inspection and saw that the provider had undertaken a full investigation of each complaint and responded in a timely manner. However, we found that the service did not always implement the changes promised in their responses. For example in the provider's response to two of these complaints, it was indicated that staff would attend further training and we found that this had not been undertaken. Also, where a relative had complained regarding food being given incorrectly to their relative, the outcome stated 'staff will be booked onto a food hygiene course by the end of August 2015'. However the staff file for the member of staff showed that they had not completed this training since November 2014. The manager's response to a person who was not happy because their visits were late was to apologise, but they had not offered any indication of how this would be improved in the future. Another complaint raised issues regarding staff turning up for a first visit with no paperwork or awareness of their relative's support needs. The response was not sympathetic in that it focused more on the attitude of the complainant.

This was a breach of Regulation 16 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service well-led?

Our findings

One person we spoke with told us the manager did not always listen to their concerns. They told us, “[The registered manager’s] attitude is poor; she refused to help me when they sent me a bad carer.” People knew who the manager was, but said they wouldn’t always feel comfortable talking with them if they had any concerns about the service they received. Another person said, “Nothing ever really changes, there’s no point moaning to them.”

Staff told us that they felt supported by the management team. One member of staff said, “We get brilliant support from the office, I have worked for the company for almost 7 years, it’s all good.” Staff also told us the culture within the service was open and positive. During our inspection we observed that staff were able to come into the office and spend time talking with the management team. There was a friendly and welcoming atmosphere that encouraged participation and feedback from staff. The manager told us they had an ‘open door’ policy and that staff were welcome to come to the office if they had any issues to discuss or required support.

The service did not have an internal system for auditing. The provider told us they used inspections from the local authority and the Care Quality Commission (CQC) to help highlight any improvements that needed to be made. This meant that the service neither routinely audited their records nor had a way of assessing whether they provided consistently good quality care.

Following the inspection, we spoke with two professionals involved with the service who told us that they had

identified improvements which needed to be made in different areas of the service. We reviewed the local authority’s visit reports and found that in March 2015 they had asked the provider to send an action plan detailing how they would make the required improvements. A revalidation visit had taken place later in the year which confirmed that appropriate action had been taken to address the issues raised. However, issues identified by the local authority in March 2015 which were then resolved, were again evident at this inspection and consequently the provider was not consistently maintaining the required standards.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service sent out customer satisfaction surveys to people being supported, and these asked for feedback on their care. We saw that the feedback was mostly positive and had improved since the previous year. However it was not clear how the service responded to issues highlighted within these surveys.

We saw minutes from team meetings which gave staff the opportunity to feedback on issues affecting the service. These took place on average once every three months and were held twice during the day to enable all staff to attend. We saw evidence in the minutes of these meetings that issues such as time-keeping, missed visits and shift swapping had been addressed with the staff. For example when a new system had been set up for call monitoring, staff had been given the opportunity at each meeting to discuss any issues they had with the system.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

It was not always stated how people provided consent to care and support provided by the service.

Regulated activity

Personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff did not always receive appropriate supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform

Regulated activity

Personal care

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

Necessary action was not always taken in response to failures identified by the complaint or investigation.

Regulated activity

Personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Care plans did not always contain enough detail to meet people's changing needs.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People's care plans did not include enough information to provide care safely.

Medicines were not appropriately managed or audited.

The enforcement action we took:

As this is a breach we issued a warning notice to the registered provider on the 11 December in relation to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have set a timescale of 11 January 2016 by which the registered provider must address this breach.

Regulated activity

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The service did not always assess, monitor and improve the quality and safety of the services provided in the carrying on the regulated activity.

The enforcement action we took:

As this is a breach we issued a warning notice to the registered provider on the 11 December in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have set a timescale of 11 January 2016 by which the registered provider must address this breach.