

Apex Prime Care Ltd

Apex Prime Care - Christchurch

Inspection report

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24 January 2020

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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 Christchurch is a domiciliary care agency providing personal care and support to people in their own homes. It provides a service to older people. At the time of inspection, the service was providing personal care to 105 people.

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

There were enough staff to meet people's needs. Risks were assessed, and measures put in place to mitigate them. Staff were recruited safely. People felt safe and happy with their care. Staff training, and policies ensured people were safe. Staff knew how to recognise signs of abuse and who to report concerns to.

Medicines were managed safely, and lessons were learnt when things went wrong. Staff were supported and worked in a safe way. Staff feedback and records confirmed this. The service provided face to face in-house training which staff were complimentary about. People were protected from avoidable infection as staff understood and practiced good infection control.

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; the policies and systems in the service supported this practice. Staff understood how to treat people with dignity and respect and people's experience confirmed this.

People received access to healthcare professionals when needed. The service raised concerns when required. People told us staff were kind and caring and treated them with respect. They had good relationships and staff encouraged people to be independent. People and their relatives were involved in their care.

Care plans were personalised and met people's needs in a variety of ways both practically and emotionally. The service used an electronic system which was continually monitored to ensure all aspects of care were completed. People knew how to make a complaint and the service's policy supported that. Concerns had been dealt with through the process and to people's satisfaction.

People thought the service was well led and governance systems were robust. We received compliments about the support and leadership of the service. The registered manager told us the staff team were brilliant and they worked together well.

The service worked well with other agencies and professionals. Feedback was positive and the service felt

supported by external professionals.

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

Rating at last inspection

This service was registered with us on 20 February 2019 and this is the first inspection.

The last rating for this service was good (published 7 November 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Apex Prime Care - Christchurch

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a care at home service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 January 2020 and ended on 24 January 2020. We visited the office location on 22 January 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and two relatives on the telephone about their experience of the care provided. We spoke with seven members of staff including the registered manager, care co-ordinator, quality assurance officer, branch trainer, administrator and care workers. We received feedback from 15 care workers by email.

We reviewed a range of records. This included six people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and quality assurance records. We received feedback from three health and social care professionals who work with 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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding adults. Staff told us how they would recognise signs and symptoms of abuse and who they would report them to internally and externally.
- People and their relatives told us they felt safe with the service. Comments we received included; "I know my loved one [name] is safe". "I feel safe with them". "They look after me, I feel safe" and "It's reliable and safe".
- Records showed referrals to safeguarding had been made where appropriate. A health and social care professional told us the service worked hard to maintain safety whilst working with a person.

Assessing risk, safety monitoring and management

- People had risk assessments for all aspects of their care and support. This included risk assessments for each person's home and external environmental risks. Risk assessments were reviewed regularly by the care co-ordinator and quality assurance officer or in response to people's changing needs.
- Staff had a good knowledge of people's risks. Staff were trained to meet each person's needs and to understand the risks involved. The service worked to provide continuity of staff which meant they could monitor for changes in condition and escalate concerns as needed. The care co-ordinator told us, "I try to ensure continuity, it's important to build relationships and notice changes".
- Assessments included clear instructions for staff on how to minimise risks to people. Each assessment was arranged to show the care the person needed and what the risks were. The assessment then gave instructions to the staff of safe ways to work and reduce or eliminate risks. This electronic system was updated immediately if there was a change to the person's needs.

Staffing and recruitment

- The service had enough staff to support people. Staff told us they did not feel rushed and had enough time to see people and support them. The care coordinator arranged all care visits, travelling time and communicated this with the staff. People were informed if there were changes to their visits or if staff were going to be late.
- The service had a recruitment process and checks were in place. These demonstrated that staff had the required skills, knowledge and character needed to care for people.
- Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting.

Using medicines safely

- The service managed people's medicines safely. Staff responsible for the administration of medicines had their competency assessed.
- Medicine Administration Records (MAR) had information about when a person took their medicines. Prescribed creams had details of where to apply and how often.
- The service had an electronic system to manage medicines. MAR were displayed for each person and an alert was sent to the office if a medicine had not been given or if it was late. The office staff monitored these alerts, contacted staff members and this meant that people were receiving their medicines as prescribed.
- Where people were prescribed medicines they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

Preventing and controlling infection

- Staff were clear on their responsibilities with regards infection prevention and control and this contributed to keeping people safe.
- Staff had access to supplies of personal protective equipment. People told us staff always wore gloves when supporting them.
- Staff had received training in the control and prevention of infections.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed by the registered manager and during operational audits. This meant that they could identify trends and make changes where necessary.
- Learning was shared through staff meetings and handovers. Staff told us they were kept up to date with changes and communicated well together.

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 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. 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

- People had given consent for their care. Where appropriate MCA assessments had been completed and best interest decision meetings involved all the relevant people. However, the MCA paperwork had not assessed for individual decisions and assessments were not specific. We spoke with the registered manager who told us they would seek to rectify this.
- People and their relatives told us staff asked for consent and supported them with choices. A person told us, "They always ask me and let me know what they are doing".
- Staff had received training, records were complete, and staff told us the key principles of consent and mental capacity.

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

- People had their needs assessed before they started with the service. The assessment formed the basis of the care plan. The quality assurance officer went to see each person before the service was agreed.
- People's outcomes were identified and guidance on how staff met them was recorded. Staff knowledge and records demonstrated plans had been created using evidence-based practices. This was in relation to medicines, healthcare and nutritional needs.

Staff support: induction, training, skills and experience

- The service had an induction for all new staff to follow, which included external training, shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. Many staff held a

national diploma in health and social care and this was encouraged by the service.

- Staff received the training and support needed to carry out their role effectively and with confidence. The service had an in house trainer. A staff member told us, "I am invited regularly to training to develop new skills as well as to update my current skills". Another staff member said, "[Name] is our trainer and they are so in depth, they go through everything. Staff enjoy the training".
- Staff received training on subjects such as moving and handling, medicines, medical emergencies and basic life support. The branch trainer told us, "I try and make it fun for them and relate it to real people, real scenarios".
- Staff told us they had regular contact with the office staff and registered manager. Staff competency was checked through regular spot checks. Records showed these were up to date. Supervisions were regular, and staff told us they felt supported. The service provided support for staff out of hours which was responsive when they needed assistance.

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

- Each person had a nutrition and hydration care plan and this detailed which level of support they required. Where people did have support to eat and drink their likes and dislikes had been considered.
- The service had undertaken assessments to ensure people were protected from the risks of weight loss or dehydration. Staff recorded food and fluid intake in the daily notes and this were required tasks on the electronic system.
- Staff told us that they would speak to the office to raise their concerns about a person who was not eating and drinking well and request medical advice.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager told us they worked closely with other agencies. Records showed this had promoted effective care and had a positive effect on people's wellbeing. An example was where a person required support with their moving and handling, the service worked with the person and the occupational therapist to improve their mobility.
- Staff were knowledgeable about people's needs and the importance of working with others and staff communicated changes to the office staff.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to receive health care services when they needed them. Records showed referrals made from the service to a variety of professionals, such as doctors, nurses and occupational therapists.
- The service maintained close contact with health professionals working with people.
- The registered manager said they worked well with all professionals and were comfortable seeking their input when needed.
- Instructions from medical professionals were recorded in people's care plans and they were communicated to staff through the care planning systems and memos.

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

- People and their relatives told us staff were kind and caring. Comments included; "They [staff] are lovely, lovely". "The carers are very, very nice". "The carers are nice, friendly and considerate". "They are really kind". "It's a real pleasure to have them in my home". "They make me laugh, once they start then I start".
- People's cultural and spiritual needs were respected. People were asked about their beliefs and practices during their assessment. These were recorded in their care plans.
- Staff received training in equality and diversity. Staff told us they would care for anyone regardless of their background or beliefs.

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

- People and their relatives told us they felt included in how their care and support was planned and delivered and had opportunities to put their views to the service.
- Staff told us it was important for them to support people with choices. Records showed they supported people with choices for different aspects of their care. The service asked people their preferred gender of staff and worked to their preferred time of visit.
- Records contained the details of others who supported people with being involved and making choices such as advocates and family members.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. Staff received training in dignity.
- People were supported to be as independent as they could be. A staff member told us, "We have to encourage people to be independent, so they can stay in their own homes". Another staff member said, "We encourage clients to be positive and reassuring to them supports them to be independent".
- Staff members told us they felt it was important to protect people's dignity. A staff member told us, "It's our duty to do things for them the way that they want".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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; End of life care and support

- People received personalised care that was responsive to their needs. Care plans were detailed and involved the person.
- People and their relatives were involved in their care. Reviews were held regularly or as things changed. The quality assurance officer completed the review and people, relatives and staff were involved in these. They told us, "It's important to have all those involved".
- People were receiving the care that was important to them and met their individual needs. Plans had clear guidance for staff to be able to meet those outcomes.
- Care plans and information was available to staff. This included a 'what is important to me' care plan which helped staff understand people's backgrounds. Staff told us the information they had about people's needs was of a good standard and that they had all the information they needed to provide care to people.
- At the time of inspection, the service was not providing end of life care to anyone.
- People were asked about their advanced care wishes. The service worked with palliative care teams as required.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Each person had a communication care plan which detailed how they wished or needed to communicate. An example was where a people required support with hearing aids or glasses.
- Records showed people's communication needs had been assessed, were known to staff and where necessary were passed on to relevant professionals.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and the service had a policy and procedure in place. Everyone we spoke with felt comfortable to speak to the office staff or registered manager about any concerns. Some comments were; "I have no complaints I couldn't do better". "I would call the office if I need to" and "If I have any complaints at all they deal with them".
- The service had a complaints process which was reviewed by the registered manager. Records showed the service had resolved issues to people's satisfaction.
- People and their relatives were confident their concerns would be dealt with.

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.

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

- Staff felt proud to work for Apex Prime Care - Christchurch. They were complimentary about their colleagues and said they worked well as a team. Some of their comments included: "The management alongside our carers make me proud, as we make a difference in the community. The best part of the job is seeing a smile on each of our clients face when we have finished our care". "The carers are caring and will often go the extra mile" and "Together, we make a difference in our community".
- Staff, relatives and people's feedback on the management at the service was positive. Staff felt supported. The comments included: "The registered manager [name] is a fantastic manager to work for. They go above and beyond to make sure our clients are safe, happy and have a good quality of life". The registered manager [name] is always approachable and motivational to all employees". "I have never worked for a manager that has showed such support and compassion". "The office staff are welcoming and the registered manager [name] is very efficient". "If I have any problems I call the office and they support me with anything and sort out my concerns". The service had received feedback from a social care professional which said, 'The commitment shown by the registered manager [name] has been particularly impressive'.

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 understood the requirements of the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. They told us the circumstances in which they would make notifications and referrals to external agencies and showed us records where they had done this.

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

- The management and staff understood their roles and responsibilities. The registered manager told us they were supported by their team.
- Quality assurance systems were in place. The registered manager checked the live system which gave an immediate overview of the service. They told us, "We are always looking at ways to improve as a branch and as a company".
- Systems were in place to monitor the standard of care provided. Audits reviewed different aspects of care and actions were taken to make any improvements that had been identified.
- The service had a process in place to support learning and reflection. The registered manager sent memos

and updates to staff. The branch trainer told us, "We do a lot of reflective learning, discussing performance and real-life situations and how we can improve".

- The registered manager knew about their duty to send notifications to external agencies such as the local authority safeguarding team and CQC where required. This is a legal requirement to allow other professionals to monitor care and keep people safe.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The service sends out quality surveys to people twice a year. The results of the last survey were positive. Newsletters were sent out to give people an update on the staff, service and the provider.
- The service had regular staff meetings. The service held meetings over a number of days to ensure all staff had the opportunity to attend. Topics for discussion had included; updates, food hygiene reminders, confidentiality, on call service guidelines, health and safety, rotas and safeguarding.
- The service was involved in the 'Proud to Care' awards and were successful in winning an award for 'Newcomer of the year' which went to one of their new staff. The registered manager said they thought the awards were important to recognise staff and to promote working in the social care sector. One member of senior staff had made a video for the initiative to promote working in care.
- Learning and development was important to the registered manager. They attended regular meetings with other registered managers, update training and had used online guidance and publications.
- The service was involved with local charities and supported them with fund raising and coffee mornings.
- The registered manager told us the service had good working partnerships with health and social care professionals. A professional told us, "The partnership working has been generally good in my experience and my overall opinion of Apex is that they are a good domiciliary care provider".