Apex Healthcare Services Ltd

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Inspection report

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Date of inspection visit:
13 April 2018
23 April 2018

Date of publication:
02 July 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 13 April 2018, and was announced. Apex Healthcare Services Ltd is a domiciliary care service (DCS). DCS provides support and personal care to people within their homes. This may include specific hours to help promote a person's independence and well-being. At the time of the inspection 27 people using the service were designated support with personal care. The service was predominantly catering for younger and older adults, with a varying level of personal care needs. The service employed 14 full time staff including the office staff. The service was a family run business that aimed at offering a family based provision to the people they cared for. The senior management team consisted of the nominated individual, registered manager and the deputy manager, all of whom have been a part of the business from the onset.

This was the first inspection completed for the service that registered with the Care Quality Commission in February 2017.

The service had appointed a new manager who registered in February 2018. 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.

We found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person did not always ensure people were provided with care and treatment in a safe way. Measures had not been taken to mitigate all identified risks to reduce the risk of people suffering harm. People who required specialist care were not always supported by staff who had the appropriate skills or competency to safely provide support and medicines were not always appropriately managed.

We found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person did not always ensure that staff had been provided with the necessary training, had been appropriately competency assessed and had been offered the opportunity to further their skills to enable them to complete their role effectively.

We found a further breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person did not have established systems or processes in place to assess, monitor and improve the service. You can see what action we told the registered person to take at the back of the full version of the report.

The service had robust recruitment processes that ensured staff were safe to work with vulnerable people. Thorough checks on character including references, disclosure and barring checks were completed prior to staff commencing employment. Staff underwent a comprehensive induction that included completion of mandatory training and shadow shifts prior to working independently.

Staff understood how to safeguard people from potential abuse. They reported no hesitation in whistle-blowing if the need arose. A large poster was visible in the office that covered the safeguarding protocol, reinforcing the need to report concerns.

The staff were reportedly polite, considerate and caring. People and families reported how they maintained people's dignity when assisting with personal care, speaking to them calmly and advising them what they were going to do next. People told us that staff would seek their permission before assisting them with personal care. They sought reassurance that people were happy with the task being completed in a particular way. This meant that people felt involved in their care. Reviews took place as required, with a thorough record maintained of how people wished to be supported. However, this information was not transferred to the care plan. The service had recently amalgamated documents. This meant that one document for both the initial assessment and care plan was used. However, we found this did not, contain sufficient information on how people needed to be supported. Whilst conversations with staff and people illustrated that care was provided in line with people's needs and their choice, the documentation did not contain any information on how to deliver care. The provider recognised that the current staff team knew people well and therefore were providing care to people in a personalised way. Any new staff may not have the necessary knowledge initially to do so. Following the inspection the provider sent us a copy of the new care plan that contained information as required.

Quality assurance surveys were completed bi-annually. An action plan was generated from the feedback that helped inform any changes to be made to the service. The provider further completed governance audits on a monthly basis. These however were not detailed. They did not illustrate any actions the service needed to take and the timeframe within which issues were to be resolved.

The service was open and transparent. Staff reported feeling confident that they could visit the office and raise any issues as and when these arose. Similarly, people were confident to raise concerns. The service had a good complaints procedure. We saw evidence of complaints being appropriately investigated and recorded. The service had received a series of compliments from families and professionals. The staff team and the service were praised for their adaptability and warmth towards people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks were not appropriately assessed. Staff were not provided with guidance on what actions to take if the risk occurred.

Staff did not have the appropriate training before delivering specialist care.

Incidents and accidents were not appropriately assessed to mitigate similar occurrences.

Medicines were not appropriately managed by competent staff.

Robust recruitment procedures were implemented that ensured staff were safe to work with people.

Staff had a comprehensive understanding of safeguarding and whistleblowing procedures.

Is the service effective?

Requires Improvement

The service was not always effective.

Links were made not always made with professionals to ensure effective care was delivered.

Specialist training was not sought nor delivered to ensure people were supported by skilled staff.

Staff received an induction which included all mandatory training and shadowing of staff.

The service was developing an in-house train the trainer who would deliver training as required to staff.

Staff knew people's preferences well, specifically around food and hydration.

Staff had a thorough understanding of the mental capacity act, and ensured that people's consent was sought when assisting them.

Staff were appropriately supported and supervised.

Is the service caring?

Good

The service was caring.

Staff were reported by people to be kind and compassionate. They treated people with respect and preserved their dignity.

People and their families were involved in making decisions related to their care and where applicable reviews.

Records were stored securely ensuring confidentiality was maintained at all times.

Is the service responsive?

Good

The service was responsive.

People had their needs assessed

People felt involved in making decisions that were important about their care. They were able to contribute to the care plan review and ask for amendments as required.

We saw evidence of complaints being appropriately investigated. People reported that they knew how to complain.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Audits completed monthly did not illustrate areas of development or improvement.

There was a strong ethos of the service that the management team wished to embed into their care delivery.

Quality assurance surveys were completed twice annually. Action plans were generated and these were reviewed at the next survey.

The service offered an open door policy for both staff and people. They encouraged open communication and welcomed feedback.

Apex Healthcare Service Ltd

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 on 13 April 2018 and was announced. The inspection was completed by one inspector. We gave the service 48 hours' notice of the inspection visit because the service is a Domiciliary Care Agency and the manager is often out of the office supporting staff or completing assessments. We needed to be sure that they would be in. We completed a second day of the inspection making telephone calls to people, relatives, staff not spoken to on the day of the inspection and professionals seeking feedback.

Prior to the inspection the local authority care commissioners were contacted to obtain feedback from them in relation to the service. We referred to any local authority reports that were made available to us and notifications. Notifications are sent to the Care Quality Commission by the provider to advise us of any significant events related to the service. As part of the inspection process we also look at 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 had received the PIR for Apex Healthcare Services Ltd. This helped to inform our inspection providing us with the relevant information prior to visiting the site.

During the inspection we spoke with five members of staff, including the nominated individual, two care staff, the registered manager and the deputy manager. We attempted to call a further five staff however did not receive a response. We contacted seven people, however only three people who are supported by the service were available. We also spoke with two relatives and two professionals.

Care Plans, health records, additional documentation relevant to support mechanisms were seen for six people. In addition a sample of records relating to the management of the service, for example staff records, complaints, quality assurance assessments and audits were viewed. Staff recruitment and supervision records for seven of the regular staff team were looked at.

Requires Improvement

Is the service safe?

Our findings

We found that not all elements of the service provided were safe. Risks to people were not documented although were identified by the provider in review meetings or within the care plan. For example, we saw that in one review meeting that took place in September 2017, a person was identified at risk of falling. This had not been actioned, there was no risk assessment or documentation guiding staff in how the manage that risk in the person's care plan. The care plan had not been updated or amended. This meant that staff were not provided with the relevant information to ensure that the appropriate measures to mitigate the risk were taken. In another example, a care plan stated that a person had pressure sores. There was no guidance for staff about monitoring or assessing skin integrity for people who were at risk of developing pressure sores. There was no information for staff about how to manage the risk to the person. This meant that staff were not necessarily aware of the need to notify or seek medical attention from the district nurse or GP should the person's skin begin to break down. In a further care plan the guidance for staff suggested that they should be assisting a person manage their grade four pressure ulcer, however there was no detail about how this should be done. A person who has pressure sores is usually under the care of a district nurse (DN). The DN will then visit the person and provide nursing care to the person in their home, often cleaning and dressing the wound. The registered manager and nominated individual confirmed that the person was indeed receiving care from the district nurse, however they were unclear as to what support staff gave in relation to wound care. It was confirmed that staff did not offer nursing support. The service had failed to fully assess the risk of pressure area and provide clear guidance to staff on what were their responsibilities and what action they needed to take.

The service recorded incidents and accidents however failed to monitor these. This meant that the service were unable to note trends that may be present in order to prevent comparable occurrences in the future. For example we found that there had been a few incidents of people being found fallen when staff attended people's homes to for call visits. The service failed to investigate the falls to try to establish what had caused them in order to consider if action could be taken to minimise these incidents. This meant that the service had not taken the necessary precautions to ensure that all appropriate action was being taken to prevent and mitigate risks.

Staff administering medicines were trained in medicine management. However the service had not ensured that all staff knew how to put the knowledge around medicine management into practice. The registered manager and nominated individual recognised the need to assess all staff competency and ensured us that all necessary checks will be completed as a matter of urgency. Medicine names although not recorded within care plans were recorded within medicine administration record sheets (MARs). The service ensured that MARs were in place for all people who were supported with medicine management, including being prompted to take the medicines independently. This was in line with best practice guidance. We were told the MARs were checked on a monthly basis by the senior management team although we were not shown or could not find evidence to support this. We found on one occasion the service had made an error with medicine management. Without seeking medical advice a person's medicines had been stopped over a weekend. The nominated individual had been called by the staff, and had made the decision to stop the medicine without consulting a qualified health professional. The health professional was called after the

weekend. The service were told to reinstate the medicine immediately. We spoke with the nominated individual regarding this issue, and why they had reached the decision to stop the medicine. It was established that the person was not experiencing life threatening symptoms. The nominated individual recognised that whilst their intention was to reduce the person's potential side effect and empower the person to make a decision regarding their medicine. They had failed to evidence whether they had provided the person with sufficient information for this to be in their best interest. No medical advice was sought, nor was any discussion with the person documented to illustrate they had made this decision. The decision had potentially put the person at risk of harm. The service had raised this with the local authority, who dealt this with as a concern as the person's medicine was subsequently changed by the GP due to the issues highlighted by the nominated individual.

This was a breach of regulation of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which states that care and treatment must be provided in a safe way.

People were kept safe by a comprehensive rolling recruitment process. This included obtaining references for staff in relation to their character and behaviour in previous employment and a Disclosure and Barring Service check (DBS). A DBS enables potential employers to determine whether an applicant has any criminal convictions that may prevent them from working with vulnerable people. The recruitment system had been implemented by the management to ensure staff were able to carry out their duties both safely and effectively. Gaps in employment were explained and photographic ID verification were contained within each staff file. Where this information had not yet been obtained, staff were unable to lone work. People were protected from harm because the provider had assured that staff employed were of suitable character to support people safely.

People told us that they felt safe with the staff who came to visit. We were told "they stay with me and make sure I am safe". Another person said. "Oh very safe. They are lovely". The provider had an IT system that alerted them if staff were 15 minutes late to a call or stayed over by 15 minutes or more. The on call manager would then complete a welfare call to both staff and people to ensure that the staff member had arrived and had safely completed all tasks. The IT system calculated how long staff needed between calls. This meant that on most occasions staff arrived on time for their calls. Staff reported this reduced their level of stress and allowed them to complete calls without worrying that they did not have enough time. This in turn meant that they were less likely to make errors with care.

The provider had a business contingency plan in place that focused on what action the provider needed to take if the service needed to stop functioning for any untoward reasons. Examples included adverse weather conditions as well as staff shortage due to illness. Emergency contact numbers were included within the contingency plan, as well as what staff should do if they were unable to complete calls.

Staff were able to describe the procedure for reporting and acting on potential abuse. The protocol was available for senior staff to see within the office and discussed within supervisions and team meetings. We were told by staff that they would "always report" if they had concerns. One member of staff said, "Absolutely report it, wouldn't think twice." Staff training in safeguarding was kept up to date and refreshed frequently, with staff attending courses arranged by the company in line with the local authority protocols. This topic was discussed within the induction and staff were encouraged to consider using the whistleblowing policy if they felt their concerns had not been appropriately dealt with by the service.

Requires Improvement

Is the service effective?

Our findings

The domiciliary care agency (DCA) was not always effective in its delivery of care.

Staff received an induction, which covered company mandatory training. A training matrix had been developed that highlighted the training that staff had completed and the courses that required refreshing. The service did not however, always provide training to staff that would be further supportive to their role. We found that people were not safely assisted by competent or knowledgeable staff. We noted that staff did not have the necessary skills to safely carry out their duties – specifically around specialist care. For example we found that staff were assisting people with catheter care and stoma care, without any training to ensure this task was being completed safely. We checked the staff training records and spoke with the registered manager and the nominated individual to seek clarification on this. It was found that no training in catheter care or stoma care had been sourced for staff. Neither the registered manager nor the nominated individual had considered the need for specialist training. We checked the staff training records to determine if the staff had the necessary skills from previous employment. We found one staff did have the necessary training, however was not involved in supporting the people that needed assistance with this. By not providing staff with appropriate training the provider could not assure themselves that people were not at risk of harm from staff that did not have the necessary skills to safely carry out tasks. Following the inspection we were advised that staff had the required training booked. We were sent confirmation and evidence of this. The provider nevertheless recognised that they had been providing unsafe care to people to date. In another example we found that all staff had received theory training in safe moving and handling. However, no staff had been provided with a practical course that would competency assess the practice. We noted that of the six people's records we checked two of the people needed full support with moving and handling using hoisting equipment. A further three had mobility issues and may require assistance in this area if unstable on their feet. We checked the records of the five staff who were involved in supporting the two people and found that three staff had in previous employment received the necessary training. The provider had not however reassured themselves that the staff remained competent in safely and effectively carrying out the practice.

This was a breach of regulation of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which states that staff should have the necessary training, skills and competency to carry out their role effectively.

The provider had ensured equality and diversity training was provided to all staff who were working at the service. Sessions within team meetings evidenced group discussions within which protective characteristics were further explored specifically within the DCA setting. We found that the senior management team focused on the need of empowering people and enabling them to make decisions about their care and support irrespective of their possible diagnosis. We were told by staff "we want people to remain independent, we want them to be able to make choices about everything related to their care, and where possible their lifestyle." People told us that staff encouraged and motivated them to remain independent, often prompting them to complete tasks independently, with staff available to assist if the person struggled.

Staff received regular supervision and support from the senior management team. This ensured that staff and the relevant line manager had the opportunity to discuss their job role in relation to areas where extra support was needed, as well as areas where they excel. This was then used positively to improve both personal practice and that of the service. Annual appraisals were to be completed for each staff in addition to supervisions. These had been scheduled in moving forward. Staff told us they found both the supervision and appraisal process useful. One said, "Supervisions are useful they allow me to reflect on my practice."

People told us that their right to make decisions related to their care was always respected and sought prior to support being delivered. Staff told us that the care plan indicated the need to ask people to make decisions, hence remained so brief in description. This would then act as prompts and cues to remind staff that they needed to ask people at each visit. One person we spoke with reported, "Oh always ask…each time". Staff had received training in the Mental Capacity Act 2005 (MCA) and were able to clearly illustrate how this applied to their practice. The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the service had made all the necessary applications to the court of protection where they felt this was not in place already. However, where people had given the power of attorney to their relatives for health and welfare and or finance and property, no proof had been correlated to ensure this was the case. This meant that the provider had not reassured themselves that they were seeking clarity and confirmation of people's care needs correctly from people's relatives, allowing them to make decisions about care.

The service had not ensured that they sought involvement from the necessary health professionals immediately as required. For example, as discussed within the 'safe' domain, guidance was not sought from a medically qualified practitioner when stopping a person's medication over a weekend. When advice was sought on the next working day, the health professional advised that the medication needed to be reinstated immediately. In another example, no advice was sought from the district nurse involved with a person's care, prior to staff supporting the person with their skin management. This indicated that the registered manager and nominated individual did not always seek professional input as required. When involvement was requested from health professionals we found this was appropriately recorded in specific sheets designated to record contact with health professionals. This sheet documented any advice that was given. However, this information was not always transferred to the care plan; this meant that staff may not be supporting people in the most appropriate and up to date way.

The service ensured that people's hydration and nutritional needs were met as far as possible. People reported that the staff when visiting would always ask if people wanted a drink left out for them before they left. Staff we spoke with reported that they also offered snacks. The daily records detailed some of this information, evidencing that people's hydration and nutrition was considered by visiting staff, irrespective of the call duration.

Good

Is the service caring?

Our findings

People told us that the service was caring. We were told that the, "Staff were respectful" and ensured they "maintained my dignity at all times," when visiting. Professionals spoke highly of the support that care staff provided stating, "they do look after [names] very well. We have no complaints." People and their families told us that they were involved in the development of their care package and reviews. They reported that the service promoted their choice and wanted to work with people in their chosen way.

The service ensured people were visited by consistent staff as much as possible. Staff had been selected based on their knowledge of the person's needs and things that they may have in common. The registered manager and the nominated individual felt that this would increase communication and allow people to be at ease with the staff member, whilst completing intimate tasks. One person reported, "She is very good, I talk to her about so many things." A family member said, "My [parent] has a lot in common with [staff name]. They could talk for hours if they had the chance." The management team told us that there have been occasions when a person did not build a relationship with a member of staff. Where appropriate, a new member of staff was introduced. However, prior to doing so the management team wanted to establish where the problem had occurred and where possible try and salvage the working relationship. Staff reported that the management was not only caring and considerate towards people who received the service, but also towards staff.

Staff told us that they were given paid travel time between calls. A computerised system automatically calculated how long staff required to get between calls. This would then automatically generate the time lapse between each visit. The management felt that this system ensured that staff did not reduce call times, and that people received a full call. People reported that staff remained with them for the full duration of their booked call, unless requested to leave early. We saw evidence of staff recording where they had left early. Notes were made to reflect the person's wishes for staff to leave sooner.

Confidentiality was promoted within the service. Staff told us that if they required a double up call, they tried to protect people's privacy. They did not speak about people in front of others, including families where possible. Records were maintained securely in the office and on the IT system operated by the service. Paper copies of records were maintained at people's homes, in their chosen location. Information related to people was circulated within the staff team on a need to know basis.

People and their families told us staff respected their privacy and dignity when they attended. Staff were able to describe how this was achieved. They told us they addressed people how they wished and always took note of what people wanted. We saw evidence of this within the front sheet of the care plans. People's full names were recorded as well as their preferred name.

The service ensured they communicated with people in their preferred way and with their preferred style. For example if people requested telephone calls to advise of any changes, these were made at specific times. Alternatively if a person requested written communication this was provided in larger font as per the person's communication needs and preference.

Good

Is the service responsive?

Our findings

The service ensured that people receiving a service and new referrals had their needs assessed prior to support being offered to them. A member of the management team would visit the person and discuss their support needs. Where appropriate family members were asked to provide information. Staff were given an induction by the relative or person on how they wished to have support from the agency.

Care plans were sparse. The service had recently amalgamated both the initial assessment and care plan documentation. As a result some crucial information on how support was to be provided was removed from documents. For example, the care plan for one person read, "support with personal care." However, how staff were to offer the required assistance was not detailed. We were given step by step instructions on what staff would do from the moment of their visit to the person's home. Whilst it was recognised that the current staff knew people well and were aware how care was to be delivered, new staff may not be aware. The lack of detail meant that people were at risk of not receiving responsive care should they need support from someone who didn't know them. It was agreed following discussions that it was necessary for information on how care was to be delivered to be recorded. We were reassured that people's needs were being met, and the care was personalised. We found that of the 27 people receiving personal care more than half lived with another person or people. Their families were present during all visits and were able to instruct staff. Some people had written care plans from the local authority that identified how care needed to be delivered. People we spoke with told us that they received support from staff how they wanted it. One person told us, "Oh, they [staff] support me and do things for me the way I want." A relative stated, "They support [name] the way that she has always done it for herself." The provider reassured us that the care plans would be written providing sufficient details to new staff working with people. We were sent examples of care plans completed by the registered manager and provider following our inspection. These did indicate how responsive care was to be delivered. We saw evidence of reviews being completed. These were detailed on what changes people had requested to their care, however these changes were not incorporated into the care plan. The nominated individual and the registered manager recognised that the paperwork, specifically the care plan needed to be more detailed in particular to ensure that new staff or staff who did not know all people well had appropriate guidance. They reported that having two separate documents, one for the initial assessment and one for the care plan would enable staff to reflect on how the person was at the point of assessment and how their needs had changed. We were assured that with the new documentation being created, this information would be appropriately updated.

The service met the Accessible Information Standards (2016), which is a new legal framework under the Equality and Diversity Standard. This legislation focuses on the need to provide communication to a person that is within a format that they can understand. The service prepared documents in formats that were understood by the people receiving support. For example we were shown pictorial service user handbooks and large printed fonts etc. People had their needs met, with correspondence being circulated in larger fonts as required and requested.

The service had a complaints procedure in place, and people were aware of how to make a complaint should the needs arise. We saw that complaints received were appropriately logged and responded to as

required. Where appropriate an investigation was completed by the management team. The person was then advised of the outcome of the investigation. If they were not happy with the outcome they were offered an opportunity to raise any issues, after which the complaint was closed as resolved. Staff told us that they knew what the protocol was should a person complain to them during a call. They told us that they would apologise and refer this to the office so that a thorough investigation could be completed.

We saw that the service had received a number of compliments from families and professionals alike. One professional said, "A very good service. They respond very quickly and professionally to any issues raised." Whilst a relative reported, "If we need to make a change to the calls, they always try to accommodate this… very helpful".

The service considered ways to help reduce people's isolation, recognising that for many people, the service may be their only contact with the community. They tried to allow people the opportunity to develop links with the local community, suggesting places they could visit, where feasible offering to accompany people. This was not always taken up by people due to an increase in call duration.

The service did not currently provide support to anyone on end of life care. However the management was going to invest in training to ensure this service could be provided as required. We were told that the provider had specifically wanted to ensure that people's days at the end of their life were "As happy as possible". And therefore was aiming to ensure the service could specialise in this domain moving forward.

Requires Improvement

Is the service well-led?

Our findings

We found that the management and leadership required improvement. The registered manager was supported by a management team who worked well together, The provider was involved in the day to day operations with both the registered and deputy managers.

We saw evidence of governance systems within the operations of the service. The management team would sign off documentation on a monthly basis to advise this was checked. However the details were not recorded on an audit document. This highlighted that the service was unable to establish when issues had first arisen, and the timeframe within which these were resolved. For example, where a health professional had advised a change to the care a person was receiving, this, although documented in the health notes, had not been transferred over to the care plan. This error had not been identified as part of a quality audit, which included looking through and reviewing a care plan. The registered manager acknowledged that this created issues with evidencing accountability and ensuring the right care was being provided. In another example, as discussed earlier in this report, had a comprehensive audit been completed, the management would have been aware that staff did not have comprehensive training to safely carry out all of their duties. The absence of a written record meant that the nominated individual and the registered manager did not cross reference information. For example, an audit of a care plan should identify any specialist training staff may need. If this is cross referenced with the training record, it would be easy to identify any gaps. However, as the audit was not written, but rather signed off on a care plan or the training matrix information was not assessed properly. Therefore the potential of risk was not mitigated. Whilst there was a process of auditing within the service the system used meant information was not always up to date, and could not be appropriately reviewed and analysed.

This was a breach of regulation of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which states that systems and processes must be established and operated effectively to ensure the regulated activity is carried out safely.

Apex Healthcare Service Ltd is a family run service. They aim to offer consistent care through family based values. A registered manager had recently been appointed who continued to provide hands on care to people, often working in double up calls to ensure the company ethos was being practiced. 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. Staff reported positive feedback about the registered provider and the office management team. One staff reported, "They are very good. Always at hand, if you need them".

The registered manager and the nominated individual (company director) spoke of how the service was "about the people and trying to give something positive back". They explained how the ethos had derived from a personal experience and how they too wished for people who were vulnerable to be able to receive a good standard of care. We were told that all staff were selected not only on their experience or knowledge but on their inter-personal skills and the warmth that they may be able to exude whilst providing care. The

registered manager and nominated individual (company director) told us that they wanted people and staff to feel confident that they could approach them and speak with them about anything. Staff were offered team meetings regularly. The service further had an open door policy whereby staff and people could come into the office and meet with the management team.

We were told and saw evidence of management on call systems that meant staff had access to senior managers at all times, should they need them. Systems were in place that meant if they could not get through to one manager, a second was available. The office management team had daily meetings to handover any information that may be pertinent. This was then discussed as needed with the appropriate staff updating them as required.

Staff reported that they were kept up to date with any changes that were occurring within the service. Newsletters were sent out to update them on changes in operational practice, as well as provide practical information. The management and staff team demonstrated commitment in ensuring equality and inclusion within the workforce, and reported the need for all staff to feel equal regardless of their faith, ethnicity, sexuality and disability. Staff were supported with regular supervisions, and annual appraisals. Spot checks and observations of care delivery and support calls were completed in addition to this, so as to continually evaluate staff practice and seek methods of improvement, although the provider did not complete a written record of this. These checks however did not include the administration of medicines or observations of moving people using specialist equipment. The service sent out surveys periodically and made telephone enquiries on how the person was being supported by the staff team. Staff were praised during team meetings, and if need be offered additional support if a concern was highlighted.

Quality Assurance Audits asking people for feedback about the service were completed every six months in addition to the regular feedback retained from professionals, staff, people and families. This information was then used to create an action plan. The action plan was completed with evidence of how the feedback had helped to effectively change the service. At the following quality assurance audit, the action plan would be reviewed to ensure there were no outstanding items. Staff reported, "You can speak with [names], they always listen", another staff said, "oh, always willing to listen to what you have to say or suggest… sometimes make the changes we say." This approach ensured staff felt a sense of ownership of the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not taken the necessary steps to ensure that appropriate action had been taken to mitigate risk. The provider had not ensured that the staff had the necessary qualifications or competence to safely carry out their duties, or that medicines were managed safely. Regulation 12 (a)(b)(c)(g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had not ensured systems or processes were established and operated effectively to ensure the service was assessed, monitored and improvements developed. Regulation 17 (1) (2)(a)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered person had not taken the necessary steps to ensure the staff had the necessary skills, qualifications and competency to carry out their duties effectively. Regulation 18 (2)(a)(b)