

Apex Healthcare Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 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 49 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. 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

The service had processes in place to ensure people were supported by suitable staff however they could not always evidence they had taken a full employment history of staff. This was being rectified by the management team. We made a recommendation that they familiarise themselves with the current regulations regarding recruitment.

People's needs were assessed, planned and reviewed to ensure they received support that met their changing needs. Staff managed people's risk assessments and care plans to ensure they were person-centred. A person's record keeping needed to be further strengthened to evidence when actions had been taken. We made a recommendation that the service ensure all records are accurate and contemporaneous.

All accidents and incidents and medicines were recorded and reviewed by the management team.

The provider had an effective system to ensure that staff received appropriate training. The care certificate modules formed part of the induction training. All training the provider considered to be mandatory was up to date. Staff worked in partnership with professionals from health and social care to meet people's needs. People's files and care plans contained evidence of referrals.

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.

People received support that was individualised to their personal needs. People's care plans placed their views and needs at the centre. Staff were knowledgeable about the choices and preferences of the people they provided care and support to. Complaints were managed robustly and in a timely way.

There were effective management systems in place, with a clear staffing structure. The service had formed good working relationships with partners, which included the local authority, social workers and district nurses. The management team had a clear and effective process for continuous learning and service

improvement.

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

Rating at last inspection

The last rating for this service was requires improvement (report published 30 June 2018) 13 April 2018. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Apex Healthcare Service Ltd

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

This inspection was carried out by one inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

Before the inspection the registered manager completed a Provider Information Return (PIR). We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection

We spoke with the Nominated Individual and registered manager. We will refer to them in this report as the management team. We also spoke with the assistant manager and care staff. We looked at four people's

care records, and the last three months of all people's associated medicine records. We looked at records of accidents, incidents, compliments and complaints received by the service. We looked at audits and quality assurance reports completed by the management team. We looked at training records, recruitment records, staff supervision and appraisal records.

After the inspection

We asked or requested additional information. This included Apex Healthcare Services policies and procedures and feedback from staff and relatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. Requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Effective systems were in place to safeguard people from harm and abuse. All recorded safeguarding concerns had been reported to the appropriate authorities.
- People were supported by care workers who had a good understanding of safeguarding. All staff had received training in safeguarding and knew the process of raising a concern. One care worker stated, "I would inform the office and ring whilst in the persons home with any concerns and write the information on care planner."
- People spoken with confirmed they felt safe with the care they received from care staff.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their health and care provision.
- Risk assessments were comprehensive and reviewed when required to ensure they were kept up to date and reflected any changing needs. For example, one person who was at risk of falls, had their falls risk assessment updated and had a referral made to the physiotherapist to assess if additional equipment may reduce their risk of falls.
- The management team told us that an initial visit to the persons home was undertaken to look at their individual needs. Following this, the risks associated with people's individual care and support needs were assessed for areas such as mental capacity, medication and pressure sores. Risk assessments were then developed with care plans in place to mitigate these risks.
- One professional told us at feedback, '[Service] has 22 customers currently receiving 'domiciliary care' with this provider and we believe that people are safe in Apex's care.'
- However, the recording of certain actions taken to keep one person safe needed to be further strengthened. For example, when referral to a healthcare professional had been undertaken or to evidence that an equipment check had taken place. When we flagged this with the management team at the time we were assured that the person was receiving the care they required and we told that action would be taken regarding documentation to evidence this

We recommend the provider consider current guidance on maintaining securely an accurate, complete and contemporaneous records for people and take action to update their practice accordingly.

Staffing and recruitment

- Required staff recruitment checks including criminal checks with the Disclosure and Barring Service were carried out to ensure people were protected from being supported by unsuitable staff.

- However, the management team could not always evidence they had taken a full employment history of some staff. The management team were informed regarding this on the day of inspection. They had a document for these checks in some staff files, but not all. They stated they would ensure this was in place for all staff.

We recommend the provider consider current legislation related to the employment of people and act to update their practice accordingly.

- There were sufficient staff to meet people's needs. The registered manager told us, "We have an electronic scheduling system. This is used to monitor visits and staffing levels. We plan our staffing rotas one week in advance."
- Staff told us, "I do feel there are enough staff to care for the clients both during the week and at weekends."

Using medicines safely

- People's medicines were managed safely.
- All staff received e-learning in 'Medication (support and assistance) training' and competency-based training.
- Records showed all staff's medicines competency training was up to date.
- The service had 25 medicines recording errors in the past twelve months. However, the management team introduced a monthly medication audit that highlighted any issue or concerns in a timely way. Common themes and actions were then identified as part of the audit process.
- People signed a medication consent form that looked at support they required with medicines, any allergies, and method of administration.
- For example, one action from the May 2019 audit stated, 'to discuss [errors] at the next team meeting'.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

Preventing and controlling infection

- Staff received training in the control of infection.
- Staff were provided with personal protective equipment when going into people's homes.

Learning lessons when things go wrong

- The management team recorded and reviewed all accidents and incidents by the management team.
- The management team took prompt action to implement the required learning identified from individual accidents and near misses. All accident forms had their own theme and actions section detailed at the front of them. For example, one stated, 'Ensure walkways are kept clear to reduce hazards'.
- The management team told us, "We've been constantly learning since the previous inspection. Medication competencies are now in place for staff. There are risk assessments in all people's files. We have our own first aids and moving and handling trainers".

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, planned and reviewed to ensure they received support that met their changing needs.
- People's risk assessments and care plans were person-centred and considered all aspects of their lives.
- All people had a care plan overview and support outcomes which highlighted people's needs following assessment. For example, a risk assessment for one person went into great detail regarding manoeuvres and how to specifically support them. They focused on significant hazards and the recommended method to move the person, with a picture diagram to inform staff, to alleviate the risk.
- Care plans clearly demonstrated the way people liked to receive care.

Staff support: induction, training, skills and experience

- The provider had an effective system to ensure that staff received appropriate training. The care certificate modules formed part of the induction training.
- All training the provider considered to be mandatory was up to date.
- The management team had a list of training they deemed mandatory for staff members. This included moving and positioning, fire safety, Infection control, safeguarding, dementia, and mental health awareness
- Staff confirmed they received an induction and sufficient training.
- The management team stated that staff received supervision three to six monthly, one appraisal and live spot checks. It was seen in staff files that supervision and appraisals took place.
- Staff confirmed they received supervision. One staff member told us, "I found supervision extremely helpful and supportive".
- The management team told us the service was working with a professional English language teacher to help develop carers writing and speaking skills, to help with communication to people and writing documentation.

At our last inspection the provider had failed to ensure that staff should have the necessary training, skills and competency to carry out their role effectively. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

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

- People were supported to have a healthy diet
- All staff received training in food hygiene.
- People's files contained information on 'how to assist people with food'. The information helped guide carer staff on any needs or preferences the person may have. For example, one person stated, "Ensuring that...[person] is in a comfortable position that allows to swallow easily."

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

- Staff worked in partnership with professionals from health and social care to meet people's needs.
- People's files and care plans contained evidence of referrals made to health care professionals such as GP, district nurses and social workers.
- One occupational therapist left feedback which stated, "Thank you so much for your support whilst working with your customers and allowing me to work with your team on complex cases and achieve the best results for the customer".

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's rights to make their own decisions, where possible, were protected.
- All staff stated that they had received training and had an understanding of the MCA. One staff member stated, "This involves being able to support clients in the best, least restrictive way. Always assuming capacity, pointing them in the right direction for help and support and knowing they are able to make their own decisions even if they appear to be unwise whilst always being supportive."

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.

At the last inspection this key question was rated as good. At this inspection this key question remained 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 were asked if carers understood their needs. One person told us, "Yes they do. Occasionally we work it out, we laugh about it. We have a nice relationship." One relative told us, "They manage quite well with [person]. They take notice of [staff]."
- Staff knew people well and promoted their equality and diversity. Staff had a detailed understanding of people's needs and supported them. When we asked staff how well they know the people, they felt they had enough time for this. One staff member stated, "Very well. [Person] has certain way of having things done and I've learnt where their pain comes from, how to hold them and how to turn them without hurting them, as they have [condition] and cannot do anything for them self." Another relative told us, "The people are nice and make you feel that you can accept them in home."

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

- The management team told us all initial meetings were face to face, to enable all parties involved to see if the care provider was the correct one for them and to gain initial information.
- Care plans were drawn up with people, using input from their relatives and advocates where required. If somebody was unable to give written consent, it was clearly documented that verbal consent was given.
- Care plans and risk assessments were reviewed regularly, which allowed people to make sure they accurately reflected their current needs and preferences.
- One relative told us if they wanted something to be changed, "I would ring them. If it was bad I would write, or I would tell the carer."

Respecting and promoting people's privacy, dignity and independence

- People's right to confidentiality was protected. All personal records were kept locked away in the office and in a place of their choice within people's own homes.
- The provider had appropriate systems in place to protect people's confidential information, whilst ensuring this was readily available to those authorised to view it.
- One person stated, "I keep myself as independent as I can."
- Relatives agreed that the staff are kind, respectful and have compassion

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant people's needs were met through good organisation and delivery.

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

- People's care plans were personalised and placed people's views and needs at the centre. People received support that was individualised to their personal needs. Peoples care plans clearly highlighted background information and how they like to receive care.
- One person who the service worked with had their own unique business contingency plan (BCP) for staff to follow. It stated, "If there is an alert of a weather warning, carers supporting [person] on the last visit before anticipated severe weather, staff to leave meals and drinks within reach and ensure the jelly bean button is close to inform call centre...". The service did have an overarching BCP that covered all people they worked with.
- Staff were knowledgeable about the needs, choices and preferences of the people they provided care and support to.
- The management team told us staff used an electronic mobile application. This allowed the registered manager to see when the visit had taken place, staff members could raise an emergencies and updated people's daily notes. The management team told us the service had an emergency out of hours telephone number to support people 365 days a year.

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.

- When asking the management team how they work with the accessible information standard, they told us, "All care plans are available in easy read version. Some people, they have limited sight and vision, so we will go and talk them through the care plans."
- The service was responsive to people's communication needs. For example, in one person's communication preferences it stated, 'speak slowly and clearly. Give [person] time to mentally process your instructions/question'.
- Peoples files had a communication preference section in them and describe ways how to communicate with people effectively.

Improving care quality in response to complaints or concerns

- Complaints were managed robustly and in a timely way. The management team used individual learning from concerns and complaints as an opportunity for improvement. For example, following a complaint, the persons preferred carer was added to the electronic scheduling system.
- People and relative told us they would feel confident raising a concern or complaint.

- One person told us, "Brilliant, if I complain about whatever...they get back immediately."

End of life care and support

- At the time of inspection, the service was not supporting anyone receiving end of life care. However, there was a copy of peoples 'do not attempt resuscitation' in people's files where appropriate. There was evidence that people had been involved in this decision.

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. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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; 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

- There were effective management systems in place to promote person-centred care.
- Staff understood people's needs and preferences, recognised the importance of knowing people well and could share details about people with us. One care staff told us the management team would adjust the times of calls to include driving time, so that it allowed them to spend time with people to achieve the positive outcomes.
- Records were kept fully up to date. The monthly quality audits introduced since the previous inspection evidenced shortfalls; For example, where paperwork was not completed following a visit.
- The management team understood their Duty of Candour (DoC), to be open and honest when things went wrong. We saw evidence that when incidents occurred, the registered manager acted in line with the DoC requirements and had informed relatives.
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Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clearly defined management structure within the service.
- The management team used systems and processes to monitor quality and safety in the service.
- Records were easily accessible and care plan documents had been signed and reviewed. The nominated individual and registered manager had developed a system to ensure all documentation was up to date following the last inspection. For example, they had introduced a number of audits which included attendance audits and monthly medication audits. All accidents, incidents and complaints were looked at on an individual basis, with a resolute outcome. However, the management team did not always look for identifiable common themes through all accidents or incidents.
- A professional told us, regarding the leadership of the service, "Yes the management team are easy to contact and communicate very well".
- Staff told us they felt supported by the management team, and one care worker told us, "Yes I can speak to the manager at any time."
- The management team was aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.

At our last inspection the provider had failed to ensure that systems and processes must be established and

operated effectively to ensure the regulated activity is carried out safely. This was a breach of regulation 17 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

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

- Staff received training in relation to the Equality and Diversity Rights as part of their induction.
- The service gained feedback from a number of areas in the past twelve months. This included staff, people via telephone and paper-based surveys and professionals.
- Following feedback, the management team highlighted 'areas needed for improvement' and 'actions or lessons learnt' for the future development of the service. One feedback area highlighted, 'managers to monitor clocking in and out on electronic system to ensure staff stay for the allocated time'. At the time of inspection this had been put into place.
- One staff member commented, "...One of the best companies I've worked for in care work. Because they listen, they give you time to find out about the person."

Continuous learning and improving care

- There was evidence of continuous learning. The management team discussed an incident that happened within the service and a notification they submitted to CQC. Following this incident, a case study was presented to staff in a team meeting. This identified areas for improvements and highlighted steps the management team took.
- The service held bi-monthly staff meetings. Each team meeting the service would invite a guest speaker in. The management team told us they have had a sensory needs service speaker and a person who receives care from the service, giving information on their expectations.
- Staff recorded accidents and incidents, which were reviewed by the management team.

Working in partnership with others

- The management team told us the service has close working relationships with doctors, social workers, district nurses and the local council. We saw evidence where the service had liaised with professionals during the inspection. Staff recorded accidents.