

Apex Prime Care Ltd

# Apex Prime Care - Campbell Place

## Inspection report

Campbell Place  
Reading Road North  
Fleet  
GU51 4AL

Tel: 01252629010

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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 - Campbell Place is an extra care service, providing personal care to people. People live in their own housing association flats and there are some shared facilities. The shared facilities include, a bistro, a large lounge, activity rooms and gardens.

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. At the time of our inspection, 33 people were receiving personal care.

### People's experience of using this service and what we found

Staff had received appropriate training and guidance to enable them to safeguard people from the risk of abuse. The provider had worked with the housing provider, to ensure fire safety actions were completed. Staff assessed and managed potential risks to people, whilst respecting their rights. There were sufficient staff to meet people's needs. People received their medicines safely. People were protected against the risks of contracting an infection.

People's needs were comprehensively assessed and their care was planned and provided by staff in accordance with legislation and best practice guidance. People were cared for by appropriately trained and skilled staff. Staff supported people to eat and drink where required.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Staff treated people with kindness, respect and compassion. People were supported to express their views and to be involved in decisions about their care. Staff ensured people's privacy, dignity and independence were maintained.

People received responsive care which was planned with them, in order to meet their care needs, including at the end of their lives. People were able to attend activities within the service or access the local community.

People, relatives, professionals and staff said the service was well-run. Processes were in place to enable people to raise any complaints and these were investigated and acted upon. People and staff were engaged with the service and their feedback was sought. The registered manager monitored the quality of the service provided. Staff worked collaboratively together and with a range of external professionals and agencies to support all aspects of people's care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 18 March 2021 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 - Campbell Place

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was completed by an inspector and an Expert by Experience. An Expert by Experience 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 provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave a short period notice of the inspection so the registered manager could contact people and their relatives to ask them to agree to talk with us on the phone, during the inspection process.

Inspection activity started on 1 November 2022 and ended on 15 November 2022. We visited the location's office on 1 November 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service it registered.

During the inspection

During the site visit we spoke with one person, the registered manager and two staff. We also reviewed four people's care and medicine records and attended a staff handover. We observed staff interactions with people in the communal areas.

Following the site visit, we spoke by phone with a further three people, three relatives, four staff and the regional manager. We received written feedback on the service from five professionals from a variety of agencies. We reviewed three staff recruitment records and records related to the management of 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 of 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

- The provider had processes in place to safeguard people, their property and finances. Staff wore uniforms and name badges to ensure people knew who was visiting them.
- Staff had completed the provider's safeguarding training and had access to the provider's guidance and relevant contact details if they needed to raise a safeguarding alert. Staff spoken with understood the signs a person could be experiencing abuse, what they should report, to whom and how.
- We saw when a safeguarding had been raised, a thorough investigation had been completed by a registered manager from one of the provider's other services and relevant actions taken, to keep the person safe, in co-ordination with the local authority.

Assessing risk, safety monitoring and management

- The fire service had required the provider to undertake fire safety actions. People had personal emergency evacuation plans which the housing provider stored securely on-site. However, staff did not have access to these in an emergency. The provider had raised this issue with the housing provider on 25 October 2022. A key to the secure storage was provided after our site visit. The housing provider was also in the process of taking action to ensure staff had the required fire safety equipment for their office and staff room. The other required fire safety actions had all been completed. Staff had also arranged fire safety visits by the fire brigade where required for people, to enable them to access advice from fire safety professionals.
- Staff identified potential risks to people from the provision of their care and their environment, which they assessed with them. Staff respected their views and wishes about how they wanted risks managed. People told us they felt safe with staff.
- The registered manager ensured measures were in place to mitigate identified risks and to guide and inform staff. For example, each flat had a lifeline, in case people needed staff assistance following a fall. Where people needed the support of more than one staff member to transfer safely this was provided. When staff identified people required new equipment or further work to their flat for their safety or welfare, they liaised with the housing provider. Staff understood their role when managing risks to people.
- People could access staff 24 hours a day if required. Staff had access to senior staff support out of hours. The provider had a business continuity plan to guide staff in the event of an emergency.

Staffing and recruitment

- There were sufficient staff to keep people safe and to meet their needs. People confirmed they received their care at the time they wanted. A relative said, "The visits are flexible to suit his preferences and his needs."
- The provider's staffing rotas showed the service was staffed at the levels we were told. The service should have had three senior care staff, but there was a vacancy and another senior was due to leave. The provider

was recruiting to these roles.

- Staffing vacancies were covered by existing staff taking on additional work and agency staff. There had been a recent reduction in agency staff usage. When agency staff were required, they were booked from one agency, to ensure consistency for people.
- Each staff shift was led by either a senior or a shift lead, who had overall responsibility for organising the shift. This ensured there was clear guidance for staff.
- The provider operated safe recruitment processes for permanent and agency staff. Staff's pre-employment checks included a Disclosure and Barring Service (DBS) check. The DBS check provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People received their medicines from trained staff whose competency was assessed. Staff had access to the provider's medicines guidance.
- People had medicines plans to guide staff about the support they required. This included information about where their medicines were stored, protocols for the use of medicines they took 'as required' and application instructions for topical medicines. People had risk assessments for the use of emollient creams which can be a fire hazard.
- Staff had completed people's medicine administration records (MARs). Staff told us the medicine administration records had changed, they were now smaller and staff found them more awkward to complete. The provider was introducing an electronic care planning and medicine administration system in December 2022, which will address this issue.

#### Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. A relative confirmed, "They [staff] always wear their PPE."
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- Staff understood their responsibility to raise any concerns and report any incidents. We saw incidents had been investigated and relevant actions taken to reduce the risk of repetition.



# 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.

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

- People were nominated to the housing provider for a tenancy by statutory agencies. The registered manager had input into multi-agency discussions, about the suitability of the accommodation for people's needs. If people were provided with a tenancy, the provider assessed the person's care needs, where applicable. People could choose to have a different personal care provider if they wished, as per their right.
- Senior staff reviewed the person's social services assessment and assessed their care needs, with them. People's care plans identified their planned outcomes and how these were to be met. The delivery of people's care reflected best practice guidance.

Staff support: induction, training, skills and experience

- Staff received an induction to their role based on the requirements of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff shadowed more senior staff during their induction. A staff member told us, "Staff shadow more if they are new, until they are comfortable."
- Staff were supported in their role, through spot checks of their practice, assessments of their competency, supervisions and an annual appraisal of their work and development needs. Staff confirmed they had the opportunity to undertake further professional qualifications in social care.
- People told us they felt staff had the required competence and skills. A relative said, "The care staff are well trained and know how to care for my relative's needs."

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

- People were provided with a daily hot lunch as part of their rent by the housing provider. Staff ensured people were either supported to the dining room if required or their lunch was taken to them.
- Staff supported people where required with the preparation of their breakfast or supper. A relative confirmed staff supported their loved one in the morning and at teatime, but said, "She uses the on-site restaurant for her lunch which she likes. It's a social thing for her." We observed people enjoyed the lunchtime experience.
- Potential risks to people associated with their nutrition were assessed and where people were at risk, guidance was in place for staff. Staff ensured people were referred to relevant professionals such as the dietician or speech and language therapist where required.

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

- People's health care needs and how these were met was documented, including their oral health care needs. Staff had access to information and training about health conditions such as, diabetes, incontinence and dementia. They were provided with specific guidance for the care of people with a learning disability. For example, a person living with autism had specific routines staff followed.
- People were referred to a range of professionals if they required this level of support. Staff engaged with local teams such as the learning disability team and the mental health team.
- People had hospital passports where required, to ensure essential information about them was available in the event they needed to be admitted to hospital.
- Processes were in place to ensure information was communicated both during and between staff shifts, these included: daily shift handovers, a handover book, internal phones, mobile messaging and staff meetings. This ensured information was available.

#### 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 MCA 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.

- No-one currently supported lacked the capacity to consent to their care. The registered manager understood the need to assess people's mental capacity where it appeared they lacked the capacity to make a specific decision and the actions to take if they assessed the person lacked capacity. They were also aware of professionals they could approach if they required any further guidance.
- Staff had completed the provider's training and understood the application of the MCA to their role. They appreciated if people had the capacity to make a specific decision, they also had the right to make an 'unwise' decision.
- Staff understood how to enable people to comprehend relevant information to enable them to reach their own decision where possible. Staff told us about when a person with a learning disability had not understood a professional's advice and had rejected their recommendation. Staff spoke with the person and explained the information to them in a way they could understand and use, to inform their decision making.

# 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

- Staff ensured people were always treated with kindness. A person reported, "The staff are very caring. Nothing is too much trouble for them" and another said, "The care I get is very good. The staff say that they enjoy coming to see me." A person told us, "When I had a chest infection the care staff were very supportive." Professionals confirmed, staff were patient, empathetic and had a good rapport with people.
- We observed staff greeted people warmly. People were well supported by the staff. A relative said, "He gets on really well with all his carers." We observed staff were patient, kind and knowledgeable when supporting a person with a learning disability. They understood the person's needs and how best to support them.
- Staff had the required skills and told us they had sufficient time to enable them to get to know people and to understand their care needs. A relative confirmed, "The staff always listen to her." Another relative said, "They [staff] always have time for both of us. Whatever he needs they will get the time to provide that support."
- Staff understood how important routines were for a person living with autism and ensured these were respected. People's care records provided staff with information about people's personal history and their interests. A relative told us, "They [staff] will play cards with him [person] which he really likes".
- Staff's training included people's equality and diversity and the provider had relevant policies in place to uphold people's rights.

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

- People's communication needs were noted for staff's guidance, including if English was not their first language and any instructions for staff to facilitate their communication. For example, whether they needed staff to allow extra time for them to reply.
- People had the capacity to consent to their care and people's care records noted they would let staff know their wishes. However where relevant, their records also noted if and whom they wanted support from when they had to make decisions about their care and support. This ensured people's wishes about whom they wanted involved were clear.
- People's care delivery and staff rosters were designed to ensure staff had the time to spend with people during the delivery of their care and not to rush their care. A relative said, "The staff always listen to her [person]". A person confirmed, "They [staff] always stay for a chat which I appreciate."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives said they were treated with dignity and respect. A person confirmed, "They [staff] always treat me with real respect" and a relative said, "They [staff] certainly treat him [person] with respect which makes him feel happy." During spot checks of staff's practice, staff were assessed on how they

spoke with people and how they interacted with them. A staff member said, "You seek feedback, to check they [person] are happy."

# 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

- People were involved in planning their care and support. Records demonstrated they had been consulted and relatives confirmed their involvement. People's care plans identified and addressed all of their needs including those related to their protected characteristics as defined by the Equality Act 2010, and how they were to be met.
- People's care plans were reviewed with them, to ensure they remained current and to identify if any changes were required. Staff liaised with commissioners if any increase or decrease was required in the care commissioned for people to meet their needs.
- Staff were supported to understand people's needs through their training. The provider was aware of the government's new training requirements for staff working with people with a learning disability and additional training was being incorporated for staff to complete as part of their induction and refresher training. An increasing number of people were also living with a diagnosis of dementia. Staff had received training, to enable them to better support people.
- Staff supported people to retain as much independence as possible. For example, a person with a learning disability told us how they were supported by staff to do their shopping and banking. There was clear guidance for staff about how this person's support was to be provided, in order for them to maximise what they did for themselves.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were documented. Information such as in relation to the Mental Capacity Act 2005 was available for people in an easy read format if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's relationships were noted in a 'circle of support' document, which identified who was involved in the person's life and which relationships were most significant to them. Staff supported people with their relationships where required.
- Staff arranged activities for people, such as an arts and crafts group, coffee mornings and fish n' chip

nights. A hairdresser attended weekly. The housing provider had appointed a new housing officer, who had arranged a residents meeting, to enable people to discuss any ideas they had for the service.

- Some people were engaged with community based groups and activities. A person told us how they attended a day service and another person said, "I do go out, I'm involved in charity work in the town and I do keep fit." A relative told us how their loved one, worked within the community several times a week.
- Staff supported people to access the community to do activities which were of interest to them, where they were commissioned to provide this level of support.

#### Improving care quality in response to complaints or concerns

- People were provided with information in the provider's service user guide and statement of purpose about how to raise any issues. People and relatives spoken with told us they had not needed to raise any issues. The provider's last quality assurance survey showed most people felt any issues they raised had been addressed. Records showed any complaints received had been investigated and relevant actions taken.

#### End of life care and support

- No one currently required end of life care. If people were approaching the end of their life, staff planned their care with them. Staff told us they felt well supported to provide this care and they could access the provider's training and guidance. Staff were also supported by external professionals when providing this care.

# 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

- People, relatives, professionals and staff felt overall the service was well-run. Feedback included, "I find the management very approachable and if I had any concerns then I would speak directly with them" and "The [registered] manager runs a very efficient team." Where any issues were mentioned, these generally related to aspects of the service which were not under the provider's control. Overall communication between staff and management was felt to be good. Processes were in place to ensure information was shared between staff on different shifts.
- There was a positive working culture which was focused on meeting people's needs. Staff were motivated to provide people with good care. People and their relatives told us the standard of care provided was good. A relative said, "My relative receives a very good standard of care." Staff had opportunities for professional development and progression.
- The provider's objectives and principles were stated in their statement of purpose. Their values were: quality, respect, compassion, community. Staff upheld the provider's values during the delivery of people's care.

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

- We found the provider had responded appropriately to a safeguarding alert raised by the local authority. However, they had not submitted a notification to CQC as required, the registered manager ensured this was submitted after the site visit. We found other incidents which required a notification had been reported as required. Processes were in place to check required notifications had been submitted through the registered manager's weekly report.
- The service was not specifically provided for people with a learning disability. Social Services and the housing department determined who should be allocated a tenancy. Three people had a learning disability. They had lived at the service prior to the new provider taking over. Although the provider was able to demonstrate both how their needs were met and the training in this area staff completed. Providers must inform CQC if they support any people who are not listed under their existing service user bands. The provider has following the inspection, submitted a notification to CQC to add the relevant service user band.

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 had not been any notifiable safety incidents where the registered manager was legally required to notify the person's representative. However, they understood their legal responsibilities to do so.

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

- People were asked for their feedback on their care at reviews and during spot checks of staff's practice. The provider last completed a quality assurance survey in May 2021 and overall feedback was positive. The registered manager advised this year's survey was about to be circulated. Staff's views were sought through meetings, supervisions and welfare checks completed by the provider. Staff told us overall they felt listened to and well supported.

Continuous learning and improving care

- Processes were in place to monitor the quality of the service provided. Staff were required to check people's medicine administration records (MARs) for completeness at each call. Senior staff then audited a sample of MAR's and daily notes monthly for completeness. These records were due to be transferred onto an electronic care monitoring system imminently. This will enable audits to be completed 'in real time'. People's falls were recorded and reviewed for any trends which required action.
- The registered manager had a service action plan, to enable them to have oversight of and to monitor what actions were required for the service.

Working in partnership with others

- Staff worked openly with a range of different agencies to support the provision of people's care. Stakeholders all provided very positive feedback about the service and its impact upon people.
- Staff had worked with the housing provider and commissioners to set up a short stay flat, which could be used by people either for respite or to enable them to 'trial' a tenancy. The registered manager also told us how they had worked with commissioners, to trial the use of new types of technology to assist with a person's moving and handling support needs.