APT Care Limited

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Inspection report

Unit 1, Part A
Hammond Road, Elms Farm Industrial Estate
Bedford
Bedfordshire
MK41 0UD

Tel: 01234930130
Website: www.aptcare.co.uk

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

APT Care Limited is a domiciliary care agency providing personal care and support to people in their own homes, within the Bedford area. They provide care to both long-term clients and short-term clients following hospital discharge. At the time of our inspection the service was providing care and support to approximately 40 people.

This inspection took place on the 14 and 17 December 2015 and was announced.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risk assessments were in place but were not always robust in identifying what control measures were in place or what action staff should take to minimise potential risks. They were often out of date which meant they were not always reflective of people's needs.

Management of medicines was inconsistent and staff did not always follow the provider policy in the recording of medication. Records of medication administration were not always fully completed and there were not adequate systems to audit these records to highlight any errors or omissions.

Staff training needs were not always being met and staff had not always been suitably trained to carry out their duties effectively. It was not evident that the training was delivered by someone with the appropriate level of knowledge or qualifications.

Care plans were not always signed by or on behalf of the person to indicate consent to care. People and their families were not always involved in planning and review of care. Care plans were often task-focussed and did not enable staff to provide a person-centred approach in the delivery of care.

Daily notes recorded by care staff were not always completed in sufficient detail, and care plans were not always updated or reviewed when people's needs changed.

The service had quality audit systems and checks in place; however they had failed to highlight areas for development and improvement and were therefore not effective.

Staff had been recruited safely to the service and had undergone the correct pre-employment checks before commencing work with the service. There were sufficient numbers of staff on duty to meet people's needs.

People received a healthy and balanced diet at the service and were able to choose what they wanted to eat each day.

The service supported people to access health professionals if they needed it.

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 to individuals were not always identified or managed appropriately

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

There was enough staff to meet people's needs. Staff had been recruited safely.

Is the service effective?

Requires Improvement

The service was not always effective.

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

Staff obtained people's consent before providing care; however this was not always reflected in people's care records.

People were supported to have a balanced and healthy diet, with meals which they could choose and enjoy.

The service supported people to see health professionals when required

Is the service caring?

Requires Improvement

The service was not always caring.

People were not always involved in planning or reviewing their care, nor were their family members.

People's privacy and dignity were respected by staff; however it wasn't always clear that issues in this area had been discussed with people.

Is the service responsive?

Requires Improvement

The service was not responsive.

People did not receive personalised care which met their individual needs.

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

The service had systems in place to obtain feedback from people and took action to address concerns or issues people raised.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Records were not always reviewed and updated.

Quality audit and control systems were not effective as they had failed to highlight areas of the service which required attention.

Staff reported feeling well supported by the care coordinator, and that a positive culture was promoted within the service.

APT Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 and 17 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office on the day of the inspection to help respond to our questions and to provide us with evidence. The inspection was carried out by two inspectors.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

We spoke with seven people who used the service in order to gain their views about the quality of the service provided. We also spoke with members of care staff, the care coordinator and the registered manager.

We reviewed care records for six people who used the service to ensure they were reflective of people's current needs and five staff files which contained information about recruitment, induction, training and supervisions. We also looked at further records relating to the management of the service, including quality control systems to establish if the service had robust quality assurance processes in place.

Requires Improvement

Is the service safe?

Our findings

People were not always safe because of the systems and processes in place in respect of medication administration and recording. We saw that staff were completing Medication Administration Records (MAR). These were not always completed in full, or in accordance with the provider policy. For example, we saw on one MAR sheet that the name of the medication was recorded, but the dosage and route were not. On the same sheet, staff had not recorded the time when the medication was given. Other MAR sheets we saw had a mixture of printed and hand written information. Hand writing was not always legible, and areas had been crossed out, resulting in the information not being clear or easy to follow. We also found information in one person's daily notes that staff had been administering a topical medication to a person, without recording this on any MAR sheet at all. This placed people at risk of being given the incorrect amount, type or route of medication. Staff were also placing themselves at risk by not following the providers medication policy of recording medication accurately. This was a breach of regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had risk assessments in place. However, the people we spoke with were not always aware of what their risk assessments said, and had not had any opportunity to review them. One person told us, "I don't really know what's in it." The risk assessments we looked at were not always up to date and had no evidence of being reviewed or checked over by staff or management. For example, one risk assessment we looked at had not been reviewed since 2013. The care coordinator told us, "I was under the impression that if there are no changes, we don't have to do anything." This meant that information was not always relevant or up to date. For example, we saw that staff members were recording daily notes saying they had given certain care routines. These routines were not recorded within care plans or risk assessments.

People told us they felt safe. One person said, "The staff that visit me provide care in a safe manner, I don't have any issues." Other people also confirmed they received safe care and felt safe with the staff that supported them.

The staff we spoke with all had a good understanding of the signs of abuse and how to report it. One staff member told us, "I would report anything straight to my manager. I would speak to the council or police if it was a serious issue." Another staff member said "I would make sure the person is ok and safe, then report the issue to management." We saw records that staff had all undertaken safeguarding training. The service had a safeguarding policy in place and an on call phone system for staff to contact for help or advice if they needed it. We saw evidence that the service notified the local authority when safeguarding concerns were apparent.

People told us there was enough staff working for the service. One person told us, "There are always enough staff. I usually get the same set of people visit me." Staff we spoke with also felt that there were enough people on the team to cover the shifts available. . The care coordinator told us that the staff numbers within the service were based upon the amount of hours care people required. We saw staffing rotas which showed us that all the shifts were covered, although some staff members were working above forty hours per week and in one case up to sixty hours per week. The registered manager understood the potential risks of staff

working excessive hours, and the staff members had signed a waiver to acknowledge working over the usual amount of full time hours

Requires Improvement

Is the service effective?

Our findings

Staff were not always trained appropriately to deliver care. All staff received an induction before starting any shifts with the service. One staff member told us, "I spent three days doing mandatory training sessions on things like safeguarding, manual handling and medication with the director of the company. I then went out and shadowed experienced staff on visits." Another staff member told us, "The director of the company does all the training." We saw records that told us all the staff had attended training sessions. We found that staff were delivering care in areas that they had not received training in. For example, we saw that multiple staff members had written in one person notes that they had supported them with the changing of a catheter bag, but no training in catheter care had been undertaken. This placed people at risk of not receiving the correct and proper care for their needs.

People told us that they were happy with the abilities of the staff that supported them. One person told us, "The staff are all good, I am happy with the care I get when they visit me." Other people we spoke with agreed that the care they received was good.

Staff told us that they felt well supported by the registered manager and the care co-ordinator, and that they had supervisions regularly. A staff member said, "I have supervision regularly. I sometimes go into the office to see my supervisor, or she will come out and shadow a visit with me." We saw evidence within staff files that staff were receiving regular supervisions, including the care coordinator doing spot checks with staff members to monitor their work and performance.

People told us that staff members always gained consent from people before providing any care. A family member of a person told us, "My grandmother cannot speak anymore, and does not understand a lot of information. She will give a nod to staff though as a sign that she is happy for them to do something. The staff always speak to her and ask her first before doing things. If there is any difficulty then they speak with me." Staff members we spoke with had a good understanding of the Mental Capacity Act (MCA) and gaining consent from people where possible. 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 were mostly supported by family members to prepare food and drink, but staff did help some individuals prepare food. One person told us, "The staff will help me put dinner on or get me a cup of tea if I ask them, no problem." Staff members confirmed that they only had minor input with individual's food and drink. We did not find any records relating to dietary monitoring or specific support with food and drink.

People we spoke with were usually supported to health appointments by family members, but staff members occasionally supported in this area. A staff member told us "I have supported someone to an appointment before. I would help someone book an appointment if I thought they needed support." This meant that people has sufficient support with healthcare appointments

Requires Improvement

Is the service caring?

Our findings

Peoples care plans were task orientated and did not reflect any of the person centred approaches that the staff told us they were giving to people. The staff we spoke with felt that they were aware of people's history and preferences, but this was not reflected within the care plans they were asked to follow. Many of the care plans we saw had sections for goals and outcomes around choice, independence, dignity and respect, but these sections were not filled in.

People said they were happy with the care they received. One person told us, "The carers are good. They are caring people who speak to me nicely." Other people we spoke with, including relatives of people receiving care were also happy with the level of care that the staff members gave. People also told us that they were usually able to receive care from the same staff members, and that consistency made a difference to how well cared for they felt.

People told us that they felt listened to by staff and were able to make decisions about their care. The people we spoke with told us that the staff would explain things to them in an understandable way and involved them as much as possible. People told us that they had been asked to feedback to the office any issues affecting their care. One person said, "I know I can speak to the care coordinator if I need to make any changes." The service had a system which detailed a record of contact made with people using the service, and the care coordinator would view all the contact records.

The staff that we spoke with felt that they were caring in their approach to people. One staff member told us, "I like to give people time to chat. I like to find out about people's background and culture as it helps me get to know them." Other staff we spoke with also told us that a caring approach was important to make sure the people they support were as happy as they could be.

Staff respected people's dignity and privacy. One person told us, "The staff are always considerate of my privacy." Other people we spoke with agreed that their privacy was respected. We spoke with a family member of a person that was supported by the service who told us, "I have no problems with the staff and the way they care for [relative]. They are always respectful when doing personal care." Staff told us that they always knocked on people's doors and ensured that the environment was appropriate for them to receive care.

Requires Improvement

Is the service responsive?

Our findings

People, or their family members, were not always involved in planning or reviewing their own care. One person told us, "My [family member] wouldn't understand a care plan, and I'm not really sure myself what's in it." We saw that some of the care plans had been signed by people or family members, but there was no evidence to show that people were involved in the planning or reviewing of their care. The care coordinator told us that she would undertake initial assessments when a person was new to their service and speak to people and their families to formulate a care plan, but no formal reviewing procedures where in place after that. We saw care plans that had not been reviewed for several years.

People told us that they could contact the care coordinator informally via phone calls, or speak to staff during their visits, and they would be listened to, but they did not know how their care plans would be looked at or changed. We saw evidence that people's phone calls to the service were recorded in a daily notes log. The care coordinator told us that they would usually attend any social work led reviews, but not always. The service did not hold any regular review meetings with people. This meant that there was not always a clear, regular or formal record of reviewing or auditing a person's care package by the service. This also meant that people's individual needs were not regularly assessed, or reviewed.

People's care plans did not reflect a person centred approach to care. The care plans we saw were primarily task led and contained a list of things that carers should work through relating to general care needs. They did not contain personalised information about an individual's personal history, preferences or aspirations. This meant that staff could not always develop a caring and compassionate relationship with people who had limited verbal communication skills as there was not adequate information available to allow them to fully understand the person's needs.

We saw that care plans contained personal care tasks, but did not always elaborate on any details around the routines. Various personal care tasks were listed for staff to complete, but no information on any specific approach or preferences of the person receiving the care were mentioned. We saw that care plans had not been updated regularly. In one case, the care plan had not been updated in over two years. This means that there was no system in place to review any changing needs of the people being cared for.

The staff we spoke with felt that their approach to people was considerate of their individual needs. One staff member told us, "We don't always get a lot of time on visits, but I always try and make sure things are done the way that people like it, even if it takes a bit more time." The people we spoke with told us that they thought the staff members were considerate of their needs and took the time to do things properly.

The service had a policy in place for responding to complaints. People we spoke with told us that they felt able to complain if they needed to and that they would be responded to fairly. A staff member told us that a complaint had been made about them before, and that they thought the process was fair and a chance to learn best practice. We saw that complaints had been collated and reviewed by the care coordinator and action taken when required. Evidence of responses to individual complaints was seen within people's files.

Requires Improvement

Is the service well-led?

Our findings

We found that some of the care records we looked at contained information that was no longer relevant to people's care. Care plans and risk assessments were often out of date; some had not been updated since 2012/ 2013. We found that care records were not always fully completed, contained old information that was no longer relevant to people's care and assessments and consent forms had not always been dated or signed. We found that MAR charts had not always been completed fully or legibly. Staff told us that they recorded up to date information within a person's daily notes, but the daily care records we saw were sometimes illegible. This meant that any up to date information about a person receiving care was not always accessible for other staff to access. This was a breach of regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014..

We found that quality audit and control systems were not effective as they had failed to highlight areas of the service which required attention. For example, The audit process for MAR sheets was a signature at the top to say that the care coordinator had checked them. This process had not been effective as we found errors within the MAR sheets. Other audits we looked at had failed to highlight faults and recognise areas for development. The registered manager told us that she was at the office two or three times a week, which left the care coordinator to run the service when she was not present. This meant that the registered manager was not always aware of the day to day culture within the service and the areas of the service that were not being monitored properly.

People told us they thought that the staff were well led, but were not aware of the roles of senior members of staff within the company. People told us the name of their main point of contact within the service, but were unsure if this person was the manager or care coordinator.

Staff members told us that they felt well supported by the care coordinator. One person told us, "There is an open culture within the service, I feel happy to talk in front of people at meetings and discuss concerns if I have any." Other staff told us that the leadership from the service was visible, and that clear and transparent processes were in place for them to follow. The care coordinator told us that she regularly went out and completed shifts when required, to support the staff team. She also told us that she regularly went out and shadowed the staff members to ensure that they were providing a good service and that they had extra support if needed. We saw evidence that these quality checks were taking place and that team meetings were taking place.

The service had sent out questionnaires to the people they support to feedback any complaints or compliments. We saw that feedback had been given directly from the people using the service to the care coordinator, and responses had been actioned.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Failure to keep complete and contemporaneous records for service users

The enforcement action we took:

We issued the provider with a statutory notice called a warning notice