

Apex Prime Care Ltd

Apex Prime Care - Newhaven

Inspection report

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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?	Requires Improvement ●

Summary of findings

Overall summary

Apex Prime Care Newhaven is a domiciliary care service based in Newhaven and covers the areas of Seaford, Newhaven and Peacehaven. The service provides support and personal care to people in their own homes. At the time of the inspection the service were supporting 183 people with a variety of health and social needs.

This comprehensive inspection took place on 13 and 21 July 2017 and was announced. It was the first inspection to be carried out since the service was taken over by Apex Prime Care in October 2016.

There was a registered manager in post. 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.

There were some areas of quality assurance where further development was needed and we made a recommendation about monitoring documentation.

People told us they had continuity of carers. They said staff arrived on time and stayed for their allocated time. They told us staff always completed the tasks required of them along with any additional requests. For example, one person told us "They are nice girls, make the effort and always ask if I need anything."

People told us staff were kind and caring and treated them with dignity and respect. They said they were looked after well and staff listened to them. A relative told us, "Staff are polite and have a good attitude to their work." People knew how to complain if they needed to.

There were good systems for the management of medicines. These ensured people received support in a safe way. There was information in care plans about how people liked to take their medicines. Care staff had received training on medicines and there were systems to monitor their competency in this area.

Staff attended regular supervision meetings and told us they were very well supported by the management of the agency. Spot checks were carried out to monitor staff performance. Staff meetings were used to ensure staff were kept up to date and to hear their views on day to day issues. Staff attended regular training to ensure they could meet people's needs. There was a thorough induction to the service and staff felt confident to meet people's needs before they worked independently.

The registered manager and staff had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS are regulations that have to be followed to ensure people who cannot make decisions for themselves are protected. They also ensured people were not having their freedom restricted or deprived unnecessarily.

Care plans gave staff detailed advice and guidance on how to meet people's needs. People told us they had been involved as part of the process. Care plans were reviewed regularly and as and when people's needs changed. If professional advice and support was sought then this was included within the documentation. Feedback from professionals who had contact with the agency was very positive. One professional told us "Staff are pleasant, they enjoy what they do and they are well supported by management."

Risk assessments were carried out in relation to people's homes and to their individual needs and where necessary actions were taken to mitigate risks to reduce the risk of accidents or injuries.

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.

There were safe procedures for the management of people's medicines.

Staff had a good understanding of the risks associated with the people they supported.

There were enough staff to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff sought people's consent before providing all aspects of care and support. Staff received specialist training to support people effectively.

People told us support was provided in the way people wanted to receive it.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring.

People told us they were treated with warmth, kindness and respect.

Staff knew people well. People told us their dignity and privacy was promoted.

Staff adapted their approach to meet people's individual needs and to ensure care was provided in a way that met their particular needs and wishes.

Is the service responsive?

Good ●

The service was responsive.

People received support that was responsive to their needs because staff knew them well and care plans also contained guidance to ensure staff knew how to support people.

There was a detailed complaint procedure and people told us they knew how to complain if they needed to.

Is the service well-led?

The service was not consistently well-led.

Record keeping did not always demonstrate the actions taken to address shortfalls in documentation.

There were good communication systems to update staff and ensure they were aware of changes to care packages and to changes within the agency.

There was a positive and open culture at the agency. Staff told us the registered manager was supportive and approachable. They were readily available and responded to what staff told them.

Requires Improvement ●

Apex Prime Care - Newhaven

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 checked 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.

Apex Prime Care Newhaven is registered to provide personal care. Support is provided to individuals living in their own home in the areas of Seaford, Newhaven and Peacehaven.

The inspection was undertaken on 13 and 21 July 2017 and was announced. The provider was given notice of the inspection because the location provides a domiciliary care service. We wanted to be sure that someone would be in the office to speak with us.

The inspection team consisted of an inspector and an expert by experience with experience in adult social care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we checked the information we held about the service and the service provider. This included statutory notifications sent to us about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We also asked for feedback from professionals involved in delivering people's care. We received feedback from three professionals. The provider had completed a 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 also carried out a survey to check the views of people and their relatives. Fifty surveys were sent to people and to relatives. Twenty one people and six relatives responded.

During our inspection we spoke with eight people and their relatives, four care staff, one senior care staff

member, a care coordinator, the newly appointed trainer for the company and the registered manager. We observed staff working in the office dealing with issues and speaking with people who used the service over the telephone. We reviewed a range of records about people's care and how the service was managed. These included the care records for seven people, staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

This was Apex Prime Care Newhaven's first inspection with the Care Quality Commission.

Is the service safe?

Our findings

Surveys completed in advance of our inspection showed people felt safe from abuse and or harm from their care and support workers. Relatives also confirmed this was the case. People said care staff always wore protective gloves and aprons and most relatives also confirmed this. We looked at these areas in more detail during our inspection.

Everyone told us they felt safe. One person said, "Yes I do feel safe, you get to know them (staff) and feel familiar with them." Those who received support with medicines told us this was managed well. One person said, "Yes they make sure I take it in the morning." A social care professional told us, "My feeling is that (manager) will contact Adult Social Care appropriately to ensure that the rights of her clients are promoted and will also raise safeguarding issues when identified."

There were safe systems for the management of medicines. Risk assessments were carried out to assess how much support people needed with their medicines. For example, some people needed full support, and others, just prompting. Information was recorded about where people stored their medicines and who was responsible for re-ordering them. Staff completed medicines administration records (MAR) to show medicines had been given and when. On a monthly basis, the MAR charts were returned to the office for auditing. We did not see any unexplained gaps in records but we were told that if there were unexplained gaps they would discuss this with the staff member, and if this was repeated, additional training would be provided. When people needed support with the application of prescribed creams there was a body map that showed where to apply the cream and records stated what cream and how much cream to apply. Staff were able to explain how they managed and recorded the use of pain patches for some people so the area the patch was applied to was varied and staff would know where they could apply the next patch.

There were good systems for the recording of accidents and incidents. There were detailed records with information about what had happened and all actions taken. Where appropriate, following accidents and incidents advice was given to ensure risk assessments were reviewed and updated. Staff had an understanding of different types of abuse and told us what actions they would take if they believed people were at risk. All staff had received training in safeguarding and were able to tell us that if an incident occurred they reported it to the office staff who were responsible for referring the matter to the local safeguarding authority.

The service managed risk in relation to fire safety. Records showed as part of risk assessments, checks were undertaken to monitor smoke alarm and life lines (emergency pendant to summon help) were checked monthly. We found that one person smoked in bed and a referral had been made for fire resistant blankets but the person refused the bedding. The person had capacity to make this decision and this had been documented. Risk assessments also considered each person's ability to evacuate their home in the event of a fire and if there were concerns appropriate safeguards were put in place.

There was a strong emphasis on safety in people's homes. A staff member told us part of their role was to carry out environmental risk assessments for new clients' properties. They had completed training on risk

assessment and management. They told us the training had been beneficial in helping them to identify what to look out for in terms of hazards and how to calculate the level of risk. Although equipment used would be the person's own property, staff carried out a daily visibility check and there were six monthly checks that the equipment had been serviced and was safe to use.

It had been identified through spot checks on staff performance that some staff were not always wearing aprons. Further checks had identified aprons were not ordered as frequently as would have been expected. The importance of wearing aprons was reiterated to staff again following spot checks, through staff meetings and via text messages. Spot checks carried out in July had shown an improvement in this area.

Rotas were planned a week in advance and care staff were informed of the calls they would be covering either by email/post or they could collect their rota from the office. Some staff had only five minutes to get from one call to the next. Staff told us this was not a problem as calls were often in clusters and easy to walk to. Sometimes staff were held up when the bridge in Newhaven was lifted. As a result, as part of their care packages, people were advised there could be a 15 minute delay. There were on call arrangements for staff support outside of office hours. There were no overnight calls. Both care co-ordinators had been employed by the predecessor organisations for 12 years and they told us they knew the areas well and were experienced in managing the routes staff took to complete their work on time.

Is the service effective?

Our findings

Surveys completed in advance of our inspection showed people and relatives felt they could recommend the service to others. They also said carers completed all the tasks they should during visits and staff supported them to be as independent as possible.

During our inspection people who needed support at mealtimes told us they had no concerns. One person told us staff helped them with breakfast. They said "I have toast or cereal, they ask me what I would like." A social care professional told us, "The agency have been able to support with some complex and challenging care packages. The staff required specific training to enable a client to be supported in their own home. Apex Prime Care Newhaven embraced this and were able to provide a high level of care which helped support the client to remain living at home in line with their wishes." Another professional told us "The training has always been excellent. Working with the agency has always been a pleasure."

The agency ensured staff receive appropriate training for their roles. Staff told us before they started working with people they completed a four day training induction that included all mandatory training. This included training on mental capacity, fire safety, health and safety, moving and handling and safeguarding. When this was completed they shadowed more experienced staff on a number of calls and once they started working on their own there were spot checks to make sure they were competent in their role. One person confirmed this and told us, "They usually have a new carer shadowing the old one so they know what to do." All staff that were new to the care role completed the Care Certificate. The Care Certificate is a set of 15 standards that health and social care staff follow. The Care Certificate ensures staff that are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff were also able to complete a health related qualification at various levels. Twenty two staff had completed a health related qualification and another six staff were studying for a qualification.

Records confirmed in addition to mandatory training, staff also completed more specialist training to fulfil their role. For example, training in dementia and in stoma care. One carer worker told us they received the training in stoma care and felt the training gave them the skills to provide this care competently. A part time staff member supported a person who had epilepsy. The agency checked the staff member had received training on this subject. A social care professional told us, "I can recall one specific case where the care was jointly funded by health and social care and the staff required specific training to enable a client to be supported in their own home. Apex Prime Care Newhaven embraced this and were able to provide a high level of care which helped support the client to remain living at home in line with their wishes." A staff member told us the training available was "Brilliant." Another staff member told us it was, "Very thorough, you come out feeling confident to do your role."

We identified a small number of staff were out of date with some of their training. The registered manager told us that they had got a little behind as the organisation's trainer had left their employment and a new trainer had started in post the week of our inspection. The new trainer told us existing staff joined new staff for training. They confirmed the system would be changed as staff that were not new to the role had

different needs than new staff and this had slowed down the numbers of courses offered to staff. In the future existing staff would attend refresher courses rather than the current system. During our inspection the agency's head office confirmed that a number of refresher training courses had been booked to ensure staff could catch up on their training.

Records confirmed all new staff attended a four week probationary supervision meeting. Following this all staff received three monthly supervision and regular spot checks to monitor their performance. A staff member told us management was, "Firm but fair." Another said all of the office staff have, "Very good management skills, You are able to raise concerns and they will be sorted." Another said they were, "Definitely supported." In addition to attending a supervision meeting a senior staff member carried out quarterly spot checks to assess staff performance. Staff told us they were used to these now and felt comfortable being assessed.

The service worked closely with healthcare professionals. When assessed as necessary, guidance was sought, and any guidelines obtained were included as part of people's care plans. For example, there was specific guidance on how to support people who required a hoist. A social care professional told us the registered manager had worked effectively to resolve problems with equipment that had been prescribed and was not appropriate. They said the registered manager, "Worked closely with the District Nurses who were also involved with the client to ensure the client's skin integrity was well maintained and appropriate equipment was in situ."

Records showed most of the staff had completed training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff were able to describe MCA principles and some of the areas that may constitute a deprivation of liberty. 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 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. There was information within care plans about how each person communicated their needs and wishes. Staff knew if people were unable to make complex decisions, for example about medical treatment, a relative or advocate would be asked to support them and a best interests decision reached to ensure all proposed treatments were in their best interest. If people lacked capacity, for example to manage their medicines, a best interest decision was made with their next of kin and their GP to support them with their medicines. Where people had fluctuating capacity this was assessed daily.

Is the service caring?

Our findings

Surveys completed in advance of our inspection showed people were happy with the care they received, they were always treated with respect and dignity, and staff were kind and caring. The majority of people said they were introduced to new carers before they provided care and support. Feedback from relatives was consistent with that of people. Additional comments received included, 'My care workers talk to me, not at me and that means a lot.'

During our inspection people told us they were happy with the care staff gave them. One person told us, "They are nice girls, make the effort and always ask if I need anything." Another told us, "The carers do their job, they look after me and listen to me." A relative said the carers, "Are very polite, helpful and have a good attitude."

There was information within each care plan about the need to ensure people's dignity was maintained and the little things that are so important to people were not forgotten. For example, one person had separate flannels for different purposes and records explained this and where they could be found. Another person's care plan stated, 'Make sure I have my bed control on my trolley, by my side and I'm wearing my lifeline.' There was advice in all care plans about making sure drinks were left within reach. As some people supported had short term memory loss there was advice in their care plans for staff to remind them to wear their glasses.

A staff member told us, "We always ask people what they want done and how they want it done." They went on to say some people have their own individual ways they prefer things to be done and they respect their wishes. One person told us, "I'm not very mobile and I can't lift my arms up so they help me with dressing and undressing and to have a shower. We have banter and I'm familiar with them now. They make that extra effort, they take notice if anything is wrong, ask if I need anything, if I want a cup of tea."

Confidentiality was covered during staff induction and the provider had a range of policies and procedures which included guidance on social media and confidentiality. Care staff told us how they would respect people's confidentiality by not talking about other people whilst providing care. One staff member told us this was particularly important as most of their calls were to people who lived close to each other and would probably know each other.

Care staff knew about people they cared for as individuals. A staff member told us they had known one of the people they supported a long time. The person had originally had support with domestic help. However, following deterioration in their health and a hospital admission a new package of care had been arranged. The staff member said the person had gone through a very traumatic time and the fact they knew staff well had had a very positive impact on their recovery and general well-being.

Is the service responsive?

Our findings

Surveys completed in advance of our inspection showed people felt they were involved in decision making about their care, most people knew how to complain if they needed to and that any concerns they had were responded to. Feedback from relatives showed most relatives knew who to complain to if they were unhappy and felt they were involved in decision making where appropriate. Half of the relatives who responded said care staff arrived on time compared to over 75% of people who said staff arrived on time. We looked at time keeping as part of our inspection.

During our inspection people had no complaints about the service. One person told us, "No, I have not had to make any complaints really." Another said, "No complaints, the service is fine." A relative told us, "We only complained at the beginning when we first started with the care agency, that's when things were tricky as it was merging from Prime Care to Prime Apex, but it's good now." People knew staff followed care plans that included information about the care to be provided and told us they were involved in the process. One person told us, "Yes, always involved with it, my decisions are on it." A relative said, "Yes there is a care plan, we are asked about it."

There was a system to record and manage people's complaints. The provider had a written complaints procedure, which detailed how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. The registered manager told us they had not received any formal complaints since they were registered. However, informal complaints/concerns were raised through a variety of methods. For example, one person complained that a carer had been on their phone throughout their visit. The carer was taken off the call, attended a supervision meeting and records demonstrated their work had been monitored through spot checks and regular supervision.

If people were funded by the Local Authority (LA) then the LA wrote a support plan that detailed the support to be provided. However, whether funded or private the service still carried out their own assessment and care plan. There was 'information at a glance,' documentation that gave very brief details of the support to be provided. In addition there was more detailed advice and guidance of the specific needs of each person. For example, records showed how staff should gain access to the property. There was information about all equipment used by the person and any moving and handling guidelines. Often this included advice on ensuring the person did as much as possible to maintain their own independence. For example, 'encourage (person) to handle their bed controls.'

Staff told us if they found a person's needs were changing and it was taking longer to provide their care they would report this to the office and the care package would be reviewed. They were able to give numerous examples of when this had been the case and the care package had been reviewed and changed. Where there had been delays as a result of funding or response times for referrals interim measures had been taken to ensure people's needs continued to be met safely.

We asked staff how they were kept up to date with changes in care packages and care plans. Staff told us when changes were made the care plan would be updated but in the interim all changes to the support to

be provided however minor, would be emailed and/or texted to them.

Staff told us they were on time with calls. If through an emergency they were delayed they contacted the office who would ring the person they were due to call on next and explain the reason for the delay. People confirmed this was the case. One person told us, "They've never really been late, the majority of the carers are the same. They are quite consistent." Another said, "I've not really had a problem with the timekeeping." A staff member told us they had been delayed when one person they supported needed medical attention. They had stayed with them until a relative arrived and contacted the office to let them know they would be delayed and to let their other clients know.

Is the service well-led?

Our findings

Surveys completed in advance of our inspection showed most people knew who to contact in the agency if they needed to and stated the information received from the agency was clear and easy to understand. Some people said they had not been asked what they thought of the service provided. We looked at how they agency sought feedback from people and their relatives during our inspection.

People told us the service was good. One person told us, "It's a good service, very good, best so far. Their timekeeping, reliability and attitude is good. I've been with two care companies in the past and this is the best." A relative told us, "The service is perfect at the moment." We asked people about their experience of contacting the office. One person told us, "I would call the office, and I have, to change my times sometimes. They do listen." A relative told us, "Yes, I can and they are always easy to get hold off." Despite these positive comments we found some areas of record keeping did not demonstrate the agency was consistently well led.

Regular staff meetings were held and within each meeting staff were given opportunities to share any concerns they had about the people they supported. For example one person shared that a person's skin integrity was at risk. Records showed the district nurse would be called and arrangements made for an occupational therapist to visit. In addition arrangements would be made for an extra review to be held. We discussed with the registered manager about demonstrating through the next staff meeting the actions taken and how matters had changed or been resolved.

When staff completed their call to a person's home they documented the tasks they had done and how the person had been. Records demonstrated the tasks as stated in the care plan had been carried out in along with some additional tasks as requested by people. Records were less detailed in relation to how people had been. For example, records could state, 'had a lovely chat with (person)' but no further information was provided about the conversation. For one person it stated the person was 'a bit down' but there was no record this had been explored with them or the reason if known. For another person it said the person was, 'not too happy' but again no explanation was given. Providing an explanation if able would assist the next staff member to provide support to meet their needs or give an understanding of why a person might be down or unhappy.

Staff recruitment checks were undertaken before staff began work for the service. This helped to ensure, as far as possible, only suitable people were employed. This included an application form with employment history, references and the completion of a Disclosure and Barring Service (DBS) check to help ensure staff were safe to work with adults. Recruitment checks were carried out at the organisations' head office and sent to the registered manager. One person had a character reference from a relative and a second staff member had a reference from someone who stated they had been their employer but this employment had not been declared in the staff member's work history. These issues had not been identified as part of the recruitment process.

There were systems to seek people and their relatives' views about the quality of the care provided. A survey

had been carried out in April 2017. Overall there was a very positive response. Where people or their relatives raised a query or a concern the manager had contacted them. For example one person didn't understand how travel time was arranged and this was explained to them. A very small number of people had chosen to remain anonymous so the registered manager had not been able to give feedback to these people. This could have been achieved through a collated response to everyone about the overall response and actions taken to address matters raised. As the organisation was still relatively new and comprised staff teams learning new systems it had been decided to delay carrying out the staff survey to give everyone a chance to get up to date and get to know the new organisation.

The organisation used to have a system whereby managers from the various branches carried out a peer review of each other's services. However this had not been done since the new provider took over the business. We were told a regional manager had visited the service regularly to check on the running of the business but there were no notes of these visits. At the time of inspection the regional manager post for the area had become vacant and was being recruited to.

We recommend the registered provider seeks guidance on improving and strengthening the monitoring of the agency to ensure record keeping demonstrates the running of the service.

Despite the lack of peer reviews there were other systems to monitor the running of the service. We asked the registered manager how the registered provider kept up to date with the running of the business. The registered manager told us the provider was very involved in the service and they visited regularly and met with the Local Authority monthly to discuss care packages. The registered manager said the provider was, "Very supportive and open to ideas for improvement."

The registered manager completed an action plan which was updated continually on a rolling system and we were told the provider would have a copy of this. This included areas of good performance and areas where shortfalls had been identified and the actions taken to resolve them. For example, there had been no sign in book at the office and this had been addressed. Recently there had been a missed call. This had been due to a mix up, this was discussed with the staff member in supervision and the agency had apologised to the person and their family.

The provider attended monthly managers meetings. There was an opportunity for management to share their views on their services and for the provider to keep staff up to date on matters relating to the organisation. A monthly newsletter was sent to all staff and this kept staff up to date with any proposed changes to the way the organisation worked. The newsletters were used to share positive experiences and compliments received. For example, there was a situation where staff had to provide support to a person's relative and call the emergency services. They then waited with the person until a respite bed could be arranged for them. In the most recent newsletter there was a reminder to staff to ensure people were offered extra fluids and to make sure they also carried water with them. On the security front staff were advised if they opened extra windows they should make sure they were closed at the next call.

Visiting professionals commented on the registered manager's style of management which was described as inclusive. They said she was supportive and always available. One professional told us she was relentless in ensuring the person had the correct equipment needed to meet their needs safely.

Within their PIR the registered manager told us of improvements they were hoping to make in the near future. A new system will be introduced to enable staff to log in and out of their calls using a code rather than using the person's telephone. Using a password-protected secure App, staff will receive data about the person they are visiting, including their specific needs and access details. Therefore this data will be to hand

rather than having unsecure data. The registered manager was very excited about the new system and told us it was being trialled in another branch and was due to be introduced in Newhaven in September 2017.