Apex Prime Care Ltd

Apex Prime Care Havant

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?	Good

Summary of findings

Overall summary

About the service
Apex Prime Care Havant is a domiciliary care agency providing personal care to people in their own homes. At the time of inspection there were 87 people using the service.

People's experience of using this service and what we found
At the last inspection we found that medicines administration records had not been consistently completed. At this inspection we saw that this had now been improved. Risks to people had been assessed and planned for and there were appropriate policies and systems in place to protect people from abuse. Safe recruitment processes were followed and there were sufficient staff employed to meet people's needs. People confirmed that staff attended calls and were mostly on time and consistent. Where an incident or accident had occurred, the registered manager had robust procedures in place.

People were supported to have 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 and their relatives predominately had confidence in the ability of staff. Staff received regular supervisions and appraisals and training that enabled them to meet the needs of most people being supported. People's nutritional and hydration needs were managed well, and people were supported to see health care professionals according to their needs.

People and their relatives were positive about the care and support received; we were told of times where staff had exceeded what was expected of them and that their views were listened to. The provider told us how they ensured that call times and visits were led by people and staff were sensitive and respectful when talking about the people they supported.

The provider had a holistic approach towards providing person centred care. The provider understood the importance of social activities to people's wellbeing and had developed community resources to help people live as full a life as possible. The care plans were comprehensive and provided staff with clear guidelines on how care should be delivered. People and their relatives knew how to complain if they needed to and felt they would be listened to.

At our last inspection the provider had failed to notify us of allegations of possible abuse. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The required improvements had been made at this inspection and the provider was no longer in breach of regulation 18.

The registered manager followed current and relevant legislation along with best practice guidelines. People and their relatives were predominately positive about the registered manager and office. However, some of the feedback highlighted that some people and their relatives felt that there was a lack of communication at times between the office and the carers.

At our last inspection quality assurance audits were not consistently effective in monitoring the quality of care provided. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

The required improvements had been made at this inspection and the provider was no longer in breach of regulation 17.

The registered manager understood the importance of continuous learning and they had implemented new systems to monitor the quality of the service. The service worked collaboratively with health care professionals, community organisations and charities. The registered manager promoted an 'open-door' culture and encouraged informal opportunities for people and their relatives to feedback to the service in addition to the more structured regular review meetings.

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

Rating at last inspection (and update)
The last rating for this service was requires improvement (published 14 November 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do, and 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?

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 Havant

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 undertaken by one inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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
We gave the service 41 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be available to support the inspection. Inspection activity started on 12 November 2019 and ended on 15 November 2019. This included visiting the office to speak with the registered manager, interview staff and review care records and policies and procedures.

What we did before the inspection
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 used all of this information to plan our inspection.

During the inspection
We spoke with the registered manager, a team leader and three care coordinators. We spoke with one professional who was familiar with the service. We looked at ten people's care records including their

medicine records. We looked at training records for the staff team and we examined seven staff members recruitment and supervision records. We viewed documents relating to the management of the service such as complaints and compliments, satisfaction surveys and quality audits.

After the inspection
We contacted seven people and four relatives for feedback on the service. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Good

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 improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

● At the last inspection we found that medicines administration records had not been consistently completed. At this inspection we observed that the provider had implemented a new electronic recording system which had improved the administration and recording of medicines.

● The computerised care plans, which were password protected to ensure information was stored safely, and in-line with current data protection legislation, were accessible to the care staff from their mobile telephones. Staff documented when medicine was taken, and the system provided "live time" information. This would alert senior staff if a person's planned medicine had not been administered allowing them to follow this up.

● Staff told us that they had received training and we saw regular medicine competency assessments were carried out. Documentation supported this good practice.

Staffing and recruitment

● People, relatives and staff confirmed that staff attended calls and were mostly on time. Comments included, "Yes they turn up" and "Most of the time the carers are near the time I am expecting them."

● Some people and relatives said they would prefer the same carers but understood that this was not always possible.

● Sufficient staff were employed to meet people's needs.

● Safe staff recruitment processes were followed which included making the necessary checks to ensure staff were suitable to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

● People and their relatives told us that they felt safe receiving care and support from Apex Prime Care Havant. One person told us, "I feel that I receive safe care".

● There were appropriate policies and systems in place to protect people from abuse.

● Staff could demonstrate an awareness of safeguarding procedures and how to report an allegation of abuse. Records showed staff had received training in adult safeguarding. One staff member told us, "We would refer them straight to [registered manager's name], phone social services, refer to safeguarding … If I felt [registered manager's name] wasn't dealing with it, I would phone [regional manager's name] or phone social services myself."

Assessing risk, safety monitoring and management; Preventing and controlling infection

● Risks to people had been assessed and planned for. Staff demonstrated they had a good knowledge of people and how to mitigate potential risks to them.

● Environmental risks, including fire safety risks, were assessed, monitored and reviewed regularly.

● Business continuity plans were in place to ensure that the delivery of care was prioritised to those most at need during crisis situations such as bad weather.
● All staff received training in infection control and were provided with the appropriate personal protective equipment (PPE) to prevent the spread of infection. One relative told us, "They always wear gloves".

Learning lessons when things go wrong
● Where an incident or accident had occurred, the registered manager had robust procedures in place to investigate the cause, learn lessons and take remedial action to prevent a recurrence.
● We saw evidence of trend analysis of incidents taking place. The registered manager told us, "We have regional meetings every three months and have every three- or four-months management meetings for the whole company. Lots of learning in those. I have my safeguarding index where I can see from that any trends if same things are happening."

Good

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 good. At this inspection this key question has remained the same. 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

- The provider completed comprehensive assessments to ensure people's needs could be met. Expected outcomes were identified, discussed and agreed with the person and family members. The assessments were all undertaken with an emphasis on finding out as much as possible about the person, their family, history, and interests so that when the carers visited they had conversation points beyond common courtesies. One person told us, "I like them, they are very good company."
- The provider ensured staff had access to best practice guidance to support good outcomes for people and to ensure that care was being delivered in line with best practice standards.

Staff support: induction, training, skills and experience

- People and relatives predominately had confidence in the ability of staff. One person told us, "The carers I have I feel are well trained, and have the qualities needed to be good carers, providing the best for me". Another person told us, "They know exactly what they are doing". One relative told us, "The carers are great. Very good with [person's name]. They do everything he needs them to do."
- New staff received a formal induction, delivered by trainers who were suitably qualified to teach their subjects, followed by a period of shadowing. The training covered the standards within the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to. One staff member told us, "When I came in we needed me to be starting there and then and [registered manager's name] still said no, you need to attend the mandatory training and it is the same with the staff, they are not allowed near any clients until they have had the training and we know they are safe."
- Additional training subjects, relevant to most people's needs such as caring for people living with dementia and diabetes were conducted.
- Staff received regular supervisions including face to face meetings, observational checks and appraisals.
- Staff told us they felt well supported and had access to the management team when they needed them. One staff member said, "[Registered manager's name] is very good, if you go over and say you need to talk to her she drops everything to talk to you as she knows you don't do that lightly."

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

- People's nutritional needs were managed well. Care plans confirmed people's dietary needs had been assessed and the level of support and guidance needed recorded for the individual person with an emphasis on offering and supporting choice.
- There was an emphasis on promoting good hydration for people and staff had attended specific training on this through a hydration project the service was piloting. People at risk of dehydration had been identified enabling early intervention to be initiated to prevent dehydration.

● We saw evidence that staff had received nutrition training.

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

● People were supported to see health care professionals according to their needs. People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. One person told us, "I see the right professionals."

● One staff member told us about how they had supported a person with referrals to a speech and language therapist, and their GP for a medication review, when a change in the person's presentation had been observed.

● Care records seen confirmed staff worked closely with healthcare professionals to ensure people received the appropriate level of care as their needs changed. A professional told us, "They've all been very positive at looking at the individual problems their clients have and trying to resolve those. They completely understand that each person needs completely individualised person-centred care."

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 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.

● Care plans showed that mental capacity assessments were carried out to ascertain whether the person had capacity to make decisions related to their care. A staff member told us, "We should be enabling people to make decisions every day and as much as possible. It is so important to know what that capacity assessment states, just because someone has dementia and may lack capacity in some areas it doesn't mean they can't make any decisions."

● The computerised care plans required that consent was sought for all care practices. This documented how consent was gained taking into consideration people's preferred methods of communication.

Good

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 has remained the same. 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 and relatives were positive about the care and support received. People told us they looked forward to the carers visiting and enjoyed their company. Comments included, "I find them very good. Always seem to be cheerful", "Oh yes very happy. They are very good to me" and "The carers are definitely caring."
- Staff spoke with genuine warmth, empathy and compassion when referring to the people they cared for. Comments included; "You know you are making a difference to people" and "We look at the person, holistically, and give them a choice over time; carer, their needs and their requirements. Choice, just choice. If they want an early call so they can go to church, then we'll get them an early call."
- People and their relatives told us of times where staff had exceeded what was expected of them. One person told us, "I feel the carers are the ones that have kept me going … They have encouraged me to keep positive, smiling and kept me going" and "Carers are present for the allocated time of my visit, and on the odd occasion have stayed longer to meet my needs."
- A staff member told us about how they had supported one person to maintain their relationships with their family by extending their evening call one day a week to enable them to have a weekly evening meal with their children and grandchildren. This arrangement relied on the carers working extended hours one day a week which they agreed to do to enable this need to be met.
- The provider had carefully considered people's human rights and support to maintain their individuality. Records included information of protected characteristics as defined under the Equality Act 2010, such as people's religion, disability, cultural background and sexual orientation. Staff were able to tell us about people's individual characteristics. For example, the provider provided an early call for one person whenever they wanted to go to church.

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

- People and their relatives told us their views were listened to and they were involved in their plan of care. Comments included, "They always ask me", "I am always included in decision-making", "They quite frequently call me up to see how it is going" and "He's always involved in his care. They wouldn't do anything he didn't want them to do. They always check."
- Staff encouraged people to express their views and opinions and supported people to make choices and decisions. They were involved in planning how their care was given. Where people had limited communication, or chose to include them, their families or representatives were also involved in decision making. A staff member told us how they involved people in reviews of their care, "I ring them up and make an appointment with them, let them choose the day and time. It usually takes an hour and a half. We do two

a year. Every six months. I'll go through all the care plans with them as they can change."

● The provider considered the opinions of the people using the service, by for example, asking them to complete feedback on their care workers as part of the observations of the care workers practice.

● Where relatives did not live locally, the provider's electronic care planning system could be accessed by relatives remotely with the person's permission. The registered manager told us, "It means they can monitor their care calls and make sure they are happening and what is happening in those calls is what they are expecting."

● People could contact independent advocacy services if they wanted guidance and support or an advocate to act on their behalf.

Respecting and promoting people's privacy, dignity and independence

● People and their relatives told us that they were treated with dignity and staff were respectful. Comments included, "They will wait for me to finish what I am doing, and they never rush away" and "The care workers support my privacy and dignity; closing doors, shutters and making sure I have my dignity the whole time".

● The provider told us how they ensured that call times and visits were led by people and it was when they wanted them and how they wanted them. There was a culture of flexibility that was embedded within the service. People and relatives confirmed this. One person told us, "They are happy to change my call times when I need them to."

● The promotion of independence was evidenced in care plans. For example, people were encouraged to do as many things for themselves as they could and to lead their personal care.

● Staff told us, "I always give them a choice; work in partnership with them and empower them to make choices" and " Asking their permission and getting their consent whether implied or verbal. Offering choice; clothing, nutrition."

● Staff were sensitive and respectful when talking about the people they supported. People's care records were kept securely, and their confidentiality respected.

Good

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 has remained the same. 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; 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

- Following assessment, the provider had a holistic approach towards providing person centred care. Staff provided support that had been agreed during the assessment process. One person told us, "The carer's definitely listen to what I say" and "I am included and encouraged to make choices."
- Records were consistent and had been regularly reviewed and updated when necessary. This ensured people received the up to date care they needed.
- The computerised care plans were comprehensive and provided staff with clear guidelines on how care should be delivered. For example, one person's care plan contained specific details on how they wanted to be supported with personal care.
- When care plans were reviewed, staff confirmed that the registered manager listened to them regarding the care needs of people, which showed that the service worked as a team and valued the knowledge the staff had about the people they cared for. This ensured that people were supported to achieve their goals and best outcomes.
- The provider understood the importance of social activities to people's wellbeing and had developed community resources to help people live as full a life as possible. For example, they had set up a monthly book club for people, their relatives and staff to attend which was held at the local office. People were encouraged to suggest book titles and to be involved. They also held charity events such as coffee mornings. These organised social gatherings were in addition to the normal care provided.

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.

- People's communication needs were identified. Information for people could be provided in large print or could be printed in a different colour for those with a visual impairment. One person was supported to have their rota highlighted in a specific colour so that it was more visible to them. The registered manager told us how they met different people's communication preferences in relation to their weekly rotas, "We can e-mail out the rota's, can post them out or hand deliver by carers or go out myself. Variety of different ways we deliver."
- People and their relatives confirmed that they received a weekly rota and were informed of any changes.

Improving care quality in response to complaints or concerns

● People and their relatives knew how to complain if they needed to and felt they would be listened to. Comments included, "No problems, if there were any I could just phone up the office and they'd sort it", "No concerns and I could contact the office" and "I am aware of who to speak to if I have any concerns and have done on previous occasions."

● The provider had a complaints policy and procedure in place. This was accessible to people.

● Complaints were recorded, and action taken to address them in line with the providers policies and procedures.

End of life care and support

● At the time of the inspection no one was receiving end of life care (EOL).

● Care records demonstrated that discussions took place during pre-assessment with people and their relatives about their end of life wishes, and these were clearly recorded. One staff member told us, "On our form I always ask that question (referring to EOL wishes) and if they have a DNR (Do Not Attempt Cardio-pulmonary Resuscitation form) we have a copy."

Good

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.

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

At our last inspection the provider had failed to notify us of allegations of possible abuse. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The required improvements had been made at this inspection and the provider was no longer in breach of regulation 18.

● The registered manager followed current and relevant legislation along with best practice guidelines. They understood their legal obligations, including conditions of CQC registration and those of other organisations. Since the last inspection they had implemented various audits and trackers. For example, a safeguarding tracker.
● The registered manager was aware of duty of candour and had clear processes in place to ensure this was met when required.
● Extensive policies and procedures were in place to aid the smooth running of the service. For example, there were policies on safeguarding, equality and diversity, complaints and whistleblowing. Staff had access to policies and procedures which encouraged an open and transparent approach.

Continuous learning and improving care; Working in partnership with others

At our last inspection quality assurance audits were not consistently effective in monitoring the quality of care provided. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

The required improvements had been made at this inspection and the provider was no longer in breach of regulation 17.

● The registered manager understood the importance of continuous learning. They had implemented new systems to monitor the quality of the service which were robust and effective. For example, spot checks on staff competency in areas such as medicines management took place every three months. Monthly audits of the medicine administration records took place. The registered manager acted on any errors or omissions

raised or found on audits to help them further improve care.
● The registered manager reviewed accidents and incidents to see if lessons could be learnt and improvements made and shared these with the staff team.
● The service worked collaboratively with health care professionals, community organisations and charities. For example, they were supported with nebuliser training by the district nurses. Staff supported charities through fund-raising events such as coffee mornings and a planned upcoming event to celebrate Elf day; where people would be invited to dress like an Elf and join in with festive games and a mince pie buffet.
● People's care plans were adequately protected and had location specific access. This meant that they could only be accessed at approved locations that the person had consented to. All people had a barcode in their homes which they could give to people to scan to have access to their care records for 30 minutes. This meant that healthcare professionals could access relevant information about the person promoting the best outcomes for people.
● The registered manager attended regular meetings with other registered managers to share learning and good practice. The registered manager had implemented dignity champions. A Dignity Champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra and who has had additional training to promote dignity within the staff team.
● The registered manager had embraced opportunities to work in partnership with, or participate in, local initiatives to improve the service. For example, they had worked with the local authority to review their capacity and ensure call times for people reflected their needs.
● Another example involved being part of a pilot study called Hydration at Home: Improving hydration in domiciliary care. The aim of this project was to evaluate a new approach for improving hydration with older people using domiciliary care. This was a time intensive project and the registered manager and staff team committed fully to the project as they could see the benefits to people's wellbeing by improving hydration.
● A professional told us, "[registered manager's name] is always trying to come to our steering meetings when she can, always having something to offer and being really honest … As a leader of the organisation she sees the importance of hydration and investing in that with the staff. She's been really good to work with."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The registered manager promoted an 'open-door' culture and encouraged informal opportunities for people, their relatives and staff to feedback to the service as well as the more structured regular review meetings.
● We received predominately positive feedback from people and their relatives. Their comments included, "They know my name and who I am when I call up to speak to the office, I like that", "We always get a good response from [registered manager's name]", "They always call me up every so often" and "They are very cooperative and supportive."
● While we had received predominately positive feedback, some people and their relatives felt that communication between the office and care staff could be improved.
● Staff were positive about the registered manager. Comments included, "if there is something we need then we can come and talk to [registered manager's name]", "[registered manager's name] supports wholeheartedly what I say, when I say actually this isn't the best thing for the person or staff member" and "[registered manager's name] is approachable."
● Regular staff meetings were held, and staff were invited to add areas of interest to the agenda. Staff received regular newsletters with updates and current information. The information shared with staff through these was meaningful and constructive.
● Staff told us that they felt involved in the service and that the management team and provider were

supportive. One said, "I am quite well supported right from the top. Even the regional manager is very supportive", "I do feel supported, listened to and encouraged" and "I don't think I've had an idea that hasn't been accommodated and the feedback comes from we did it.