

Apex Prime Care Ltd

# Apex Prime Care - Hersham

## Inspection report

336 Molesey Road  
Walton On Thames  
Surrey  
KT12 3PD

Tel: 01932903008  
Website: [www.apexprimecare.org](http://www.apexprimecare.org)






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### Ratings

Overall rating for this service

Requires Improvement 

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

# Summary of findings

## Overall summary

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. It provides a service to older adults, some of whom are living with dementia, and younger disabled adults.

The inspection took place on 7 February 2018 and was announced.

The agency did not have a registered manager in place at the time of our inspection. Like registered providers, registered managers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The previous registered manager left the agency in October 2017. The current manager had applied for registration with CQC and had attended an interview for this role on 2 February 2018.

Prior to this inspection concerns had been raised by the local authority about the management and oversight of the agency. Safeguarding concerns were not managed appropriately and care visits were being missed. At this inspection we found the manager had worked hard to address areas of concern, which had led to significant improvements in some areas of the service. However these improvements had not extended to all areas of the service, which meant some people did not receive well planned care. We have made a recommendation that the provider implements an action plan to improve the consistency of the service and communication with people, relatives and staff.

People did not always receive a reliable, consistent service. Some people told us their care workers almost always arrived on time but others reported that their care workers were often late. They said they were not always informed if their care workers were delayed. Most staff told us they had enough travelling time between their calls but some staff said their calls were sometimes scheduled back to back, which meant they had no time to travel between calls. Most staff said they had the time they needed at each call to provide all the care people needed. However two staff told us they did not always have sufficient time to provide the support detailed in people's care plans. Communication within the agency had not been effective as the manager was unaware of the impact of these issues on care provision and people's experience.

People felt safe when staff provided their care because their care workers understood their needs and any risks involved in their care. Risk assessments had been carried out to ensure that people receiving care and the staff supporting them were kept safe. People told us staff maintained the security of their homes and said staff helped them keep their homes clean and hygienic. Care staff received training in the prevention and control of infection and people said staff wore appropriate personal protective equipment when providing personal care. Where people's care involved support with medicines, this was managed safely.

There was a contingency plan in place to ensure people would continue to receive their care in the event of an emergency. Accidents and incidents were recorded and reviewed to identify any actions that could be

implemented to prevent a recurrence. People were protected by the provider's recruitment procedures. The provider carried out checks to ensure they employed only suitable staff. Staff attended safeguarding training and understood their responsibilities in terms of recognising and reporting abuse

People's needs had been assessed when they began to use the service to ensure the agency could provide the care they needed. Staff had an induction when they started work and access to the and training they needed to carry out their roles.

People's care was provided in accordance with the Mental Capacity Act 2005. People had recorded their consent to their care and told us staff asked for consent before providing their care on a day-to-day basis. Staff understood the importance of enabling people to make choices about their care.

People told us staff prepared meals they enjoyed and knew their likes and dislikes. People's dietary needs were discussed during their initial assessment and any needs related to nutrition and hydration were recorded in their care plans. Staff attended training in nutrition and hydration in their induction and had regular refresher training in this area.

Staff supported people to maintain good health and liaised with healthcare professionals on their behalf if they wished. People told us staff had responded appropriately if they became unwell, including calling emergency medical services if necessary.

People were supported by kind and caring staff. People had developed positive relationships with their regular care workers and enjoyed their company. They said staff treated them with respect and maintained their privacy and dignity when providing their care. Staff supported people to maintain their independence and people were encouraged to be involved in planning their care.

Each person had an individual care plan drawn up from their initial assessment which provided guidance for staff about the care they needed. Care plans were personalised and contained information about people's personal histories, which enabled staff to understand their life experiences.

The manager had improved the response to complaints. Any complaints received since the manager had taken up their post had been investigated and complainants had received a response outlining the action taken to resolve the issues raised.

The manager had improved the support provided to staff. Staff told us the manager and care co-ordinators were available for advice if they needed them. Staff were confident the improved management support would have a positive effect on the service people received.

We identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## 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.

Staff understood any risks involved in people's care and took steps to minimise the risk of harm.

There were plans in place to minimise disruption to people's care in the event of an emergency.

People were protected by the provider's recruitment procedures.

Staff received training in safeguarding and understood their responsibilities should they suspect abuse was taking place.

Medicines were managed safely.

Staff maintained appropriate standards of hygiene in people's homes and followed appropriate infection control procedures when providing their care.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

People were not always informed if their care workers were delayed.

Some calls were scheduled back to back, which meant staff had no time to travel between calls.

People's needs were assessed before they began to use the service and kept under review.

Staff had the induction, training and support they needed to do their jobs.

People's care was provided in accordance with the Mental Capacity Act 2005.

Staff prepared food that met people's dietary needs and preferences.

Staff supported people to maintain good health.

### Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff.

People had developed positive relationships with their care workers.

Staff treated people with respect and maintained their dignity.

Staff encouraged people to remain as independent as possible.

### Is the service responsive?

Good ●

The service was responsive to people's needs.

Complaints were managed appropriately.

People received a service that reflected their needs and preferences about their care.

People had opportunities to be involved in planning their care.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The improvements made by the manager had not extended to all areas of the service, which meant some people did not receive well planned care.

Some people reported that the agency's communication with them was not effective.

The manager had improved the support provided to staff.

The quality of care people received was monitored to ensure staff provided their care in a safe way.

The provider had notified CQC of significant events when necessary.

Records relating to people's care were accurate, up to date and stored appropriately.

# Apex Prime Care - Hersham

## **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 was 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.

The visit to the agency's office took place on 7 February 2018 and was announced. The provider was given 48 hours' notice of our visit because we wanted to ensure the manager was available to support the inspection process. Three inspectors carried out the inspection.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We had not asked the provider to complete a Provider Information Return (PIR) prior to this inspection. This was because we brought this inspection forward due to concerns about the safety of the service people received and the management of the agency. The PIR 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.

During our visit to the agency's office we spoke with the manager, two care co-ordinators and a field care supervisor. We checked care records for five people, including their assessments, care plans and risk assessments. We looked at five staff files to check recruitment and training records. We saw the complaints log, records of accidents and incidents, quality monitoring audits and records of spot checks on staff.

We spoke with six people who used the service and seven of their relatives to hear their views about the care and support provided. We spoke with three care staff by telephone and received feedback from four care staff via email. We received feedback about the service from two social care professionals by email.

This was the first inspection of the agency since Apex Prime Care Ltd became the registered provider. The agency had previously been registered at the same address under a different registered provider.

# Is the service safe?

## Our findings

People told us they felt safe when staff provided their care. They said their care workers understood how their support should be provided and any risks involved in their care. One person told us, "They help me in the shower. I am not safe showering on my own so they stay in the bathroom and help me if I need it." Another person said, "They always make sure I have got my [Careline] bleeper on." People who received support from staff to mobilise said this aspect of their care was provided safely.

Prior to this inspection concerns had been raised about the safety of the service people received from the agency. A number of care calls had been missed, which potentially put people at risk. Safeguarding concerns were not being managed appropriately. One safeguarding concern related to a member of staff failing to report that they had been unable to gain access to a person's home when they arrived for a care visit.

We found the manager had taken steps to improve the safety of the service and to implement learning when things had gone wrong. None of the people we spoke with had experienced missed calls in 2018. Staff had been re-issued with the procedures to follow should they be unable to gain entry to a person's home at a scheduled visit. Staff had been reminded that they should inform the agency's office if they could not gain entry and advised that they could also contact the local authority duty team in an emergency. The manager had advised staff they should not leave the property until given authorisation to do so. A relative told us staff had acted to protect their family member by alerting the scheme manager when their family member did not answer the door when staff arrived. The relative said the member of staff and the scheme manager gained access to the property and found their family member on the floor. The relative told us "It was thanks to the carer" that their family member had been found and received the treatment they needed to recover.

There were enough staff employed to meet the agency's care commitments. The manager explained that they would not take on additional packages of care unless they were confident the agency had sufficient staff availability to carry out the calls. The agency had a contingency plan to ensure that people would continue to receive care in the event of an emergency, such as adverse weather affecting staff travel. We heard examples of staff making great efforts to provide people's care during a recent period of adverse weather. One member of staff explained that to reach one person whose road was impassable they had left their car at the top of the road and walked through the snow. The member of staff said, "You can't let the weather stop you from getting to people." A person receiving care told us, "They have never let me down. Even in the snow we had recently they made sure they got to me."

Risk assessments had been carried out to ensure that people receiving care and the staff supporting them were kept safe. These assessments considered any risks involved in moving and handling, medicines and the environment in which care was to be provided. People told us staff kept their homes safe and secure. Some people had key safes outside their properties to enable staff to access their homes. The agency ensured that combinations for key safes were only made available to those staff who needed them. Any accidents and incidents that occurred were recorded by staff, including a description of the incident, who was involved and what action was taken as a result. These records were reviewed by the manager to ensure

that appropriate action was taken to reduce the likelihood of similar events occurring in the future.

Staff had been trained how to recognise and report abuse. Staff attended safeguarding training in their induction and told us they had been reminded to report any concerns they had about people's safety. They understood how to raise concerns if they suspected abuse, including contacting other organisations such as the local authority and CQC if necessary. Staff told us the office team had taken appropriate action if they had raised concerns with them about people's safety. One member of staff reported, "Only reported [concerns] to office once, when I saw client didn't have enough food left in fridge. Office promised to call next of kin. Next time I was with the same client I saw there was enough food."

People were protected by the provider's recruitment procedures. The provider carried out appropriate checks to ensure they employed only suitable people. Prospective staff were required to submit an application form detailing their qualifications and employment history and to attend an interview. The provider had obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Where staff supported people with medicines, this was managed safely. People told us their care workers provided the support they needed to take their medicines. One person said, "They do all my medicines; they make sure I take the right ones." Staff told us the training they had received enabled them to feel confident in managing people's medicines. One member of staff said, "I do administer medication and I am confident doing so and I was trained to do this." Another member of staff told us, "The medication training was really good."

Staff attended medicines management training in their induction and were given the provider's medicines management policy. Staff competency in medicines management was observed and assessed before they were authorised to administer medicines. People whose care involved support with medicines had a medicines administration record in their home which was maintained by staff. Medicines administration records were audited by the office team each month to check that people were receiving their medicines safely. The results of these audits demonstrated that medicines were being managed safely.

People told us staff helped keep their homes clean and hygienic. They said staff wore personal protective equipment, such as gloves and aprons, when providing personal care. Staff attended infection control training in their induction and regular refresher training. The care staff we spoke with understood their responsibilities regarding infection control and of the importance of maintaining a hygienic environment for the people they supported.



## Is the service effective?

### Our findings

People did not always receive a consistent service that they could rely upon. Some people told us their care workers almost always arrived on time. One person said, "They come four times a day. They are very good timekeepers." Another person told us, "They come twice a day, they are always on time." However some people reported that their care workers were often late. They told us this was compounded by the fact that they often were not informed that their care workers were running late. One relative said, "They don't ring you when the girls are going to be late which is just very frustrating." Another relative commented, "They do not inform family when carers are running late."

Some staff told us they had sufficient travelling time between their calls. One member of staff said, "I am given enough time in between jobs but sometimes if a service user is unwell etc. I can take longer than expected." Another member of staff told us, "It is enough unless there are delays, traffic and so on. It's manageable." However other staff told us that their rotas did not always enable them to make their calls on time. They said their calls were sometimes scheduled back to back, which meant they had no time to travel between calls. We asked staff whether they had sufficient travel time built into their rotas. One member of staff responded, "Not normally." Another member of staff replied, "Not always. Sometimes there is but other times there is none."

One member of staff gave us an example of the rota not being planned in a way that enabled them to complete their care calls. The member of staff told us they had arrived at a person's home for a double-up call at the scheduled time of 12.15pm but the other care worker assigned to the visit was not there. After 15 minutes the care worker called the office and was advised that the other member of staff did not finish their previous call until 12.30pm, which inevitably meant they would be late. The care worker told us this delay affected the rest of their own rota that day as they were late for their subsequent visits.

Staff told us they had been instructed to call the agency's office if they were running late so that the office staff could contact people and inform them about the delay. Staff reported that they did this if they were delayed but said they were aware that messages were not always relayed to people. One member of staff told us, "The clients do not always get a call when we are running late even if we have let the office know."

The majority of staff we spoke with said they had enough time at each call to provide the care people needed. However two staff reported that they did not always have sufficient time to provide the support detailed in two people's care plans. One member of staff told us, "I have a client with Parkinson's. I have 30 minutes to get him up and to the bathroom and washed and shaved and dressed, everything that he is entitled to, and it's not possible." The member of staff said they ensured the person received the care they needed but this meant the scheduled visit overran and they were late for subsequent visits as a result. The member of staff told us, "I always stay as long as I'm needed. You can't walk away from people if they need you." Another member of staff said, "We do not get enough time to do all in [person's] care plan. How can you strip wash or bath a frail 96 year old and prepare breakfast, make a cup of tea, administer medication and wash up inside 30 minutes?" This member of staff also told us they ensured the person received the care they needed but that they were late for subsequent care calls as a result. The member of staff said, "We stay

longer than the allocated time in order to do what needs to be done."

There was evidence that communication within the agency regarding these issues had not been effective, which meant there was no plan in place to address them. The manager told us that staff had not reported insufficient travelling time between calls as an issue. The manager was unaware that people were not being informed when their care workers were delayed or that some staff had insufficient time to provide the care people needed at their care visits.

Failure to provide a reliable service that met people's needs was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were happy with the consistency of care provided. They said their care was provided by regular staff whom they knew and who understood their needs. One person told us, "It's always the same girls [who visit]. They know what they are doing." Another person said, "I am more than happy. I am very lucky to have such good carers. They are so reliable." People told us that the agency had supplied care workers with appropriate skills when their regular care workers were unwell or on holiday. One person said, "Even if it's not my regular carers, the care is always very good."

Relatives confirmed that their family members benefited from consistent care provided by regular staff. One relative told us, "We have a main carer who comes every weekday and one or two others who cover her days off. They all know [family member] very well." Another relative said, "There have been a few problems with the office but her main carer hasn't changed, which is the main thing for us."

Relatives told us that staff were appropriately trained, competent and hard-working. They said staff worked co-operatively with them to provide the care their family member needed. One relative told us, "[Family member's] main carer is very good but we have been very fortunate with all the carers we have had." Another relative said, "They work very hard. They just get on with it. Standards are very good." A third relative told us, "They are very good in terms of what they do for [family member] and they do a lot for us as a family. They keep us informed. They talk to us if there are any problems."

Staff told us they had access to the training they needed to carry out their roles. They said they had had an induction when they started work which included shadowing colleagues to observe how they provided people's care. One member of staff told us, "We are given training before being allowed to start work; lifting, medication administration etc. We also have to have shadow training before being allowed to work alone." Another member of staff said, "We have a very good trainer. I loved the training about dementia, I learned a lot. It made me think differently about it, was brilliant." A third member of staff told us, "I have had the necessary training for the clients I visit."

New staff had a three day induction during which they attended training in areas including safeguarding, medicines management, moving and handling, health and safety and infection control. The provider employed a trainer who delivered induction and refresher training. Staff also had access to online training which supplemented the face-to-face training programme. The manager told us that new staff were expected to complete the Care Certificate within ten weeks of starting work with the agency. The Care Certificate is a set of nationally recognised standards that health and social care staff should demonstrate in their day-to-day practice. Staff attended one-to-one supervision with their line managers. This provided them with opportunities to discuss their performance and training and development needs.

People's needs were assessed before they began to use the service to ensure the agency could provide the care they needed. Assessments identified any needs people had in relation to health, mobility,

communication, nutrition and hydration, medicines and personal care. Each person had an individualised care plan based on the needs identified during their assessment.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's care was provided in accordance with the MCA. People told us staff always asked for their consent before providing their care. They said they had been asked to record their consent to their care and we saw signed consent forms in people's care records. Staff attended training in the MCA in their induction and understood the importance of gaining people's consent before they provided their care on a day-to-day basis. The manager told us that if a person lacked the capacity to make an informed decision about their care, they would seek the advice of the local authority in arranging a mental capacity assessment. The manager said if a mental capacity assessment identified that a person did lack capacity, the local authority would convene a meeting involving all relevant people, such as relatives and healthcare professionals, to ensure any decisions were made in the person's best interests.

People who received support with meals were happy with this aspect of their care. They said staff prepared meals they enjoyed and knew their preferences regarding the food they ate. Relatives told us that care workers knew their family member's preferences about the food they ate and any dietary restrictions. People's dietary needs and preferences were explored during their initial assessment and any needs they had in relation to nutrition and hydration were recorded in their care plans. Staff attended training in nutrition and hydration in their induction and followed healthcare professionals' guidance where necessary to meet people's needs.

Staff monitored people's healthcare needs effectively and responded appropriately if people became unwell. People told us their care workers communicated with healthcare professionals on their behalf if they wished and some people said their care workers accompanied them to appointments.

## Is the service caring?

### Our findings

People said the care workers who visited them were kind and caring. They told us they had developed positive relationships with their regular care workers and enjoyed their company. One person said, "They are very good to me. They come four times a day and I look forward to seeing them. They are very nice." Another person told us, "I have a lovely couple of carers. In the afternoon I have a nap before they come. They make the bed when I get up and make me a cup of tea before they go. What more could I ask for?" A third person said, "I am very happy with them. They are very kind."

Relatives told us their family members' care workers were kind and compassionate. They said their family members enjoyed the company of their care workers and benefited from their caring approach. One relative told us, "The carers are out of this world. They are brilliant with her. You can't fault them. They are excellent." Another relative said, "They are very good in terms of what they do for her. We have been very fortunate with all the carers we have had." A third relative described their family member's care workers as, "Very kind." Staff spoke positively about their roles and the relationships they had established with the people they supported. One member of staff said the people they cared for, "I am really fond of them. You develop a really close carer/client relationship."

People told us that their care workers were helpful and willing to do whatever they could to assist them. One person said, "They will do anything I ask of them." Another person told us, "I couldn't manage without them. They couldn't be more helpful." People said their regular care workers knew their needs well and understood how they preferred their care to be provided. They told us their care workers treated them with respect and maintained their dignity when providing their care. Relatives confirmed that care workers were respectful of their family members' wishes and maintained their privacy and dignity.

People were encouraged and supported to maintain their independence. One person told us, "They let me do as much as I want to do." A relative commented, "They do encourage him [to walk]. They are very patient with him because he takes a long time with things. They don't help him unless he needs it; they let him get on with it." Staff confirmed they supported people to manage aspects of their care where they were able to do so. One care worker told us, "I encourage clients to do things for themselves. I know what they can do and what they cannot do." Another member of staff said, "If someone can do something for themselves, we will encourage that".

People had access to information about their care and the provider had produced information about the service, including how to make a complaint. People were issued with a statement of terms and conditions when they began to use the agency which set out their rights and the service to which they were entitled. The provider had a confidentiality policy, which set out how people's personal information would be managed.

## Is the service responsive?

### Our findings

Prior to this inspection concerns had been raised about the provider's response when complaints were made. The local authority advised that complaints made about the care people received were not always investigated appropriately by the provider. At this inspection we found the manager had improved the response to complaints. The agency's complaints log recorded six complaints between November 2017 and the date of our inspection. These had all been investigated by the manager and complainants had received a response outlining the action taken to resolve the issues raised. The manager had carried out these investigations thoroughly and in a timely way and had formally apologised where it was appropriate to do so.

Only one of the people and relatives we spoke with had raised concerns with the agency. A relative told us they had complained about one care worker allocated to provide their family member's care. The relative said the agency had responded promptly to their concerns and resolved the situation. The relative told us, "We had doubts about one carer who had a tendency to rush my husband. We spoke to them about it and she hasn't come back. They responded straightaway." The staff we spoke with were clear about their responsibilities in the management of complaints or concerns. They were aware of the provider's complaints policy and the action to take if people raised concerns with them. One member of staff told us, "We are encouraged to report any problems to management." Another member of staff said, "I have reported concerns to management. They have always been supportive."

Each person had an individual care plan drawn up from their initial assessment. Care plans were personalised and contained guidance for staff about how to provide the care people needed in the way they preferred. In addition to recording their needs, people's care plans contained information about their personal histories, which enabled staff to understand their life experiences including family, education and employment. The staff we spoke with knew the people they supported well, which meant they were able to engage with people about their experiences, hobbies and interests.

People had opportunities to be involved in planning their care. We saw that people and their relatives had been encouraged to participate in the development of their care plans. People said they had been shown their care plan when they began to use the service to check they were happy with its contents. Staff told us they received sufficient information about people's needs before they provided their care. They said the agency shared details with them to ensure they understood people's needs and how to provide their care in the way they preferred. One member of staff told us, "We are emailed all service users' care plans so we have all the relevant information on all service users."

People and their relatives said the agency and individual care workers did their best to provide a flexible service. One relative told us, "They do try to be flexible if we need to change our arrangements." Another relative said of their family member's regular care worker, "She always fits in with our plans if she can." We heard an example of care workers responding appropriately if the people they cared for had become unwell. One person had become unwell during their care worker's visit in the week prior to our inspection. The care worker had called an ambulance and waited with the person until the emergency services arrived. The care

worker also called the person's relative to inform them about the incident and reassure them about their family member's welfare. The care worker advised the office of the action they had taken and the care coordinator rearranged the staffing rota to ensure the care worker's remaining calls were covered.

## Is the service well-led?

### Our findings

Prior to this inspection concerns had been raised about the management and oversight of the agency. The local authority had held a large scale enquiry meeting as a result of safeguarding concerns not being managed appropriately and care visits being missed.

At this inspection we found the manager had worked hard to address these areas of concern and to improve the service people received. Whilst the manager's efforts had led to significant improvements in some areas, these had not yet been embedded to ensure people received a consistent, well planned service. For example some people reported that the agency's communication with them still required improvement. One person told us they had requested support from a care worker to enable them to go shopping. The person said, "The carer turned up two hours late because the office had arranged for her to see other clients first." Rota planning was still not entirely effective as some staff did not have sufficient travel time between their calls which meant they were often late arriving at people's homes. Some staff reported that they did not have sufficient time at each visit to provide the care people needed. Two staff told us they often did not receive their rotas for the following week until Sunday, which made it difficult for them to organise their time. One member of staff said, "I don't get my rota for next week earlier than Sunday evening." Another member of staff told us, "I didn't get my rota this week until quarter to four on Sunday. We have had it on a Sunday before but never that late." These issues meant some people did not receive a service from the agency that they could rely upon.

We recommend that the provider develop, implement and monitor an action plan to further improve the planning of the service and communication with people using the service, relatives and staff.

Staff reported that the manager had improved the support they received since taking up their post. They said the manager and the care co-ordinators were available for advice and support if they needed them. One member of staff told us, "Things are getting better. Management are available at all times and have a good relationship with staff." Another member of staff said, "We get a lot of support from the office, whether it's a problem regarding a client or a personal problem for a carer. I always feel there is someone to talk to. Our manager is very supportive and does her best for all of us as a team, as do the staff in the office." A third member of staff told us, "Management are very supportive and offer training regularly." A fourth member of staff said, "I know I can turn to [manager] if I've got worries about a client and she will do her best to sort it out."

Staff reported that the efforts of the manager and care co-ordinators had improved morale within the staff team. They said the staff team now benefited from good management support and were confident this would have a positive effect on the service people received. One member of staff told us, "I think [manager] has done really well. She has got a lot of potential and she has a good heart. She is trying to sail our ship and be a good captain." Another member of staff said, "I think we can only get better and better and provide a high quality of care to our clients. I am proud to be part of such a good team." A third member of staff told us, "I am very happy with Apex. I feel we are a very united team that always puts our clients first." A fourth member of staff said, "I feel very confident in my role as a carer for Apex. I enjoy my job and working for the

agency."

People were able to give their views on the service provided by the agency through satisfaction surveys. The manager had developed an action plan to address the areas in which people reported the service required improvement. The care provided by staff was monitored by spot checks on care workers which were carried out at people's homes. Spot checks were used to observe the manner in which staff engaged with the people they supported and key aspects of the care provided, such as moving and handling medicines administration.

The manager had developed links with other relevant agencies and professionals since their arrival in post. We received positive feedback from social care professionals about the improvements the manager had implemented. One social care professional told us they had received, "Positive feedback" about the impact the manager had made. The social care professional said the manager had visited the majority of people using the service, which had improved communication, and that the manager had improved the continuity of care people received. Another social care professional said of the manager, "I was happy with the progress she is making and the improvements she has put into place so far."

Records we checked in the agency's office relating to people's care were accurate, up to date and stored appropriately. Staff had received training in recording and reporting and the records they kept were monitored by the office team. The manager was aware of the requirement to notify CQC and other agencies of significant events, such as serious injuries or safeguarding concerns, and had done so when necessary.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The registered person had failed to provide an effective service that met people's individual needs.