Apex Prime Care Ltd

Apex Prime Care - Hailsham

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

This inspection took place between 25 April and 9 May 2018. The inspection involved visits to the agency's office, to people's own homes, conversations with people, their relatives, staff and professionals. The agency provided 50 people with a domiciliary service. Not everyone using the agency received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Many of the people supported by the agency were older people, some lived with long-term medical conditions. People received a range of different support with their personal care in their own homes. Some people received occasional visits, for example weekly support to enable them to have a bath. Other people needed more frequent visits, including visits several times a day to support them. This could include two care workers and the use of equipment to support their mobility. Some people needed support with medicines and meal preparation. Services were provided to people who lived in Hailsham and surrounding areas.

The service had 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. The provider for the agency is Apex Primecare Limited, a national provider of care.

The agency's last inspection took place on 6 April 2017. At that inspection, the agency was rated as requires improvement over all and five breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified; this was in relation to person centred care, consent, safe care and treatment, good governance and staffing. The provider sent us an action plan after the inspection. This inspection showed the provider had carried out their action plan and all the breaches had been addressed and the service is now rated as good over all.

Improvements were needed in one area relating to consistency in record keeping. This was because some people's records followed guidelines on record keeping in relation to medicines, but others did not. Also, while most necessary risk assessments relating to medicines were in place, this was not the case for some risk assessments. Some people's daily records were not as clearly maintained as others. The registered manager told us that once the new app had been fully embedded, such inconsistencies would be easier to identify to ensure all records were completed to the same standard.

Action had been taken to ensure the safety of people. The management of medicines was now safe, risks to people relating to medicines were identified and staff supported people in the way they needed, in accordance with the agency's procedures.

Where people had risks, including needing support with moving about or risk of pressure damage, the

provider had ensured risk assessments were put in place. Each person had a care plan which outlined how their risk was to be reduced. We saw staff followed these care plans to ensure people's safety. Where staff or the agency's managers identified issues relating to people's safety, they took appropriate action, including contacting relevant external professionals. There were safe systems to reduce people's risk of infection.

Enough staff were employed to provide people with a responsive, flexible service. The agency had effective systems for the recruitment of staff, which ensured that people were supported by staff who had been assessed as safe to work with people in their own homes.

Staff and managers were aware of how to ensure people were safeguarded and worked within the local authority's safeguarding procedures. They were also aware of how to safeguard people if they had difficulties in gaining entry into a person's home and were concerned they might need support.

The provider had ensured that people's consent to care was sought in line with the principles of the Mental Capacity Act (MCA) 2005. All of the staff had a clear understanding of their responsibilities under the MCA. They followed them in practice when they were with people.

Staff now received training to help ensure they remained up to date with best practice. People told us they felt staff were trained in their roles. This was confirmed by staff who commented favourably on the supports they were given to carry out their roles. This was confirmed by the agency's records.

People who needed assistance with their meals and drinks received the support they needed, in the way they wanted. People's diverse needs were taken into account when drawing up care plans to support them with eating and drinking.

The agency worked with other professionals to ensure people were supported in the way they needed. Staff told us about their close working relationships with external professionals. This was supported by people's records.

People's independence, dignity and privacy was respected. People commented on the kindness and support they received from care workers. They also told us that care workers supported their independence and treated them as individuals. We saw staff were very polite to people, showing empathy when supporting them.

The provider provided people with a responsive service. Many of the people commented particularly on the good continuity of care they received from the same group of care workers. People also told us they were sent a rota and staff kept to the timings on their rota. This was confirmed by staff and by the agency's records. People were involved in drawing up their own care plans so they met their individual needs. Staff followed people's care plans when they gave them care.

The agency provided people with end of life care in a kindly and supportive way. They had close working links with other professionals involved with people who were at the end of their lives.

Any complaints and concerns were handled appropriately and people were confident the provider would take action if they raised issues. This was supported by the agency's records.

The agency's auditing systems had been developed. Where issues were identified, action was taken, this included areas identified through 'spot checks' on care workers and any trends in staff sickness rates.

Both people and staff told us the agency's management systems made them feel valued. Staff said they felt consulted by the management, this included the regular staff meetings. Staff were positive about the new technology which had recently been introduced, and commented on how helpful it would be to them once it was fully embedded.

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.

People's safety was ensured across a range of areas, including supporting people with their medicines, risk assessments and systems for the prevention of infection.

People were supported by staff who knew how to safeguard them from the risk of abuse.

There were enough staff, who had been safely recruited, to support people.

Is the service effective?

Good

The service was effective.

People were supported to consent to care in accordance with the Mental Capacity Act (MCA) 2005.

Staff were supported through both training and supervision.

People were supported to eat and drink in the way they wanted and needed.

Full assessments of people's individual needs were completed.

There were established links with external providers so people's health care and other needs were met.

Is the service caring?

Good

The service was caring.

People were supported by kindly, caring staff, their independence was encouraged and their dignity ensured.

Information about people supported their individuality.

People's records, both paper and electronic, were stored confidentially.

Is the service responsive?

Good

The service was responsive.

People had clear care plans which set out how their individual needs were to be met.

People received continuity of care from staff and who visited them when they wanted and expected.

People felt their concerns and complaints were responded to. Records of issues raised by people were clearly maintained.

Is the service well-led?

Requires Improvement

The service was not always well led.

The quality of record keeping was not consistent for all people.

Regular audits of service provision took place to ensure people received a quality service. Where issues were identified during audit, action was taken to address areas identified.

People and staff commented positively on the agency's culture, they were pleased with the service and staff said they felt fully supported by management.

Apex Prime Care - Hailsham

Detailed findings

Background to this inspection

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

This comprehensive inspection took place between 25 April and 9 May 2018. It involved visits to the agency's office, visits to people in their own homes, telephone interviews with people and/or their relatives and conversations with staff. The service was given a couple of hours' notice of the inspection because it provides a domiciliary care service and we needed to ensure staff were available in the office to be able to conduct the inspection. The inspection was undertaken by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the agency, including the previous inspection report. This enabled us to ensure we were addressing any potential areas of concern. The provider had sent us an information return (PIR) in which they outlined how they ensured they were meeting people's needs and their plans for the next 12 months. As part of the inspection, we reviewed the PIR. We also reviewed other information about the service, including safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also contacted the local authority before and after the inspection, to receive their comments.

We met with three people who received a service in their own homes. We received comments on the telephone from five people, four people's relatives and two professionals. We spoke with nine staff, two of the office staff and the registered manager. We reviewed seven people's records, including the three people we met with.

During the inspection we reviewed other records. These included six staff recruitment records, training and supervision records, medicines records, the rota of visits to people, risk assessments, quality audits and policies and procedures.

Good

Is the service safe?

Our findings

At the last inspection, in April 2017, this key question was rated as requires improvement and we identified two breaches in regulation. This was because the management of medicines was not consistently safe and risks to individuals were not always clearly identified or addressed through care plans. The provider was also unable to demonstrate how staffing levels were based on people's assessed needs. The provider sent us an action plan after the last inspection to set out how they would make improvements. This inspection showed the provider had taken appropriate action and had met both breaches in full, this key question was now rated 'good'.

We met with a person who staff supported with their medicines, we also looked at people's records and talked with care workers. When we visited a person with their care worker, we saw the care worker carefully checked the person's medicines administration record (MAR) before preparing to support the person with their medicines. They only signed the MAR once the person had taken their medicines.

We looked at people's MARs and saw relevant records where maintained. These included instructions to support staff on 'as required' medicines, so care workers knew when a person they were supporting needed their PRN medicines and the doses. Where people were prescribed skin creams, body charts were completed to inform staff of where on the person's body their cream was to be applied. One care worker told us, "I know where to put creams because it's on the MAR chart."

Records also included other relevant medicine information to ensure they were handled safely. One of the people we met with was prescribed pain patches. There were records to show the sites where patches were placed were regularly rotated so the person's skin was not affected and to ensure the medicine was absorbed through the skin effectively. Another person was prescribed a mood-altering medicine on a regular basis. Instructions on the person's MAR advised staff that one of the side effects of this medicine was that the person could become sleepy and they were to observe and report if this was the case.

Where issues were identified with the safety of medicines, these were followed up. One person's records showed care workers had identified issues with them safely taking their medicines. It was clear this matter had been followed up with their GP. During a 'spot check' another care worker raised issues relating to safety for another person with taking certain medicines. This was also followed up with the person's GP.

Care workers told us the provider was introducing a new app, this meant changes could be seen in real time. For example, one person had been prescribed an antibiotic, information about this was made available to all relevant care workers as soon as the person's antibiotics were delivered to their home, via the phone app. Once all records were on the app, managers would be able to review that people were being given their medicines as prescribed in 'real time' rather than waiting for MARs to be returned from people's homes every month.

People's safety was ensured in other areas. One person told us, "I feel very safe with the carers." We saw care workers supporting two different people when using equipment to move about in their own homes. They

did this in a safe way, informing the person of how they were going to support them, involving them as much as possible and checking back with each other and the person throughout the time they were using the equipment. These people had clear moving and handling risk assessments and care plans, which staff had followed when they supported them. One person had a moving and handling care plan which explained clearly to a person who was unfamiliar with their care how they were to be supported to get out of bed. One person who was a wheelchair user had a clear care plan about their safety with their wheelchair, we saw the care worker followed this care plan when they supported them in their own home.

The agency cared for some people who were at risk of pressure damage. Where people were assessed as being at risk of pressure damage, they had a clear care plan which directed staff on what to do if they observed skin changes. One of the people we visited was very frail. Care workers informed the person's district nurse of any skin marking they observed when they visited. They also documented the size and position of any skin marking on a body chart. Records showed people's air mattresses used to prevent pressure damage were regularly checked, to ensure they remained safe.

Care workers were alert to ensure people's safety. When we visited one person, the care worker heard a noise form the person's bedroom when they were preparing their meal in their kitchen. They promptly went to check the person was safe. When we visited another person, the care worker was very conscious of ensuring the safety of the person in their warden accommodation by following the provider's security procedures when entering and leaving the premises. One person's records showed care workers had identified safety issues in relation to a person's portable heater. This had been followed up with the person's family and relevant external professionals, to ensure the person's safety when using this heater.

We asked people and staff if there were enough staff employed. People told us there were enough staff employed to ensure they had never missed a call or experienced a late call. One care worker told us, "We've good staffing levels." When we went out with care workers, there was no feeling of rush about how they supported people and they could take their time to support a person in the way they needed. For example, one person took some time to stand up. The care worker, was able to take time to ensure the person did this independently, at their own pace. Recent records showed staffing levels had been sufficient to perform an emergency visit to a person when their neighbour alerted the agency to a person being unwell. This emergency visit meant the person's safety was promptly reviewed and the care worker could remain with them until the ambulance arrived. The registered manager told us they only took on new packages when they had assessed they had sufficient staff to meet the new person's individual needs.

Care workers were aware of actions to take if a person was unwell when they arrived for the visit, or became unwell while they were there. All the care workers we spoke with said they would always phone for an ambulance if needed and would wait with the person until the ambulance came. They said they would also inform the office and make a record of what had happened.

The agency had effective systems to ensure people were protected from risk of infection. When we visited people with care workers, we saw care workers carefully washed and dried their hands, before putting on plastic gloves to provide people with personal care. They also disposed of plastic gloves safely at the end of their calls and then washed and dried their hands again, before they left the person's home. Where care workers also performed roles such as meal preparation and giving people medicines, they changed their gloves before each change in role. Where care workers supported people with taking out their rubbish, they did this in a safe way. All the care workers we met with told us the agency supplied them with a good supply of gloves and aprons and there were no difficulties when they needed to re-supply such items.

Care workers were also very aware of their individual responsibilities for ensuring people were not at risk of

abuse. We discussed a range of different scenarios with care workers where a person might be at risk of abuse. Care workers were aware of what to observe for and what to report on. This included two of the care workers who were very aware of additional risks presented by 'cold callers' to vulnerable people. They were aware of what actions to take when this happened and how to report such concerns. One care worker told us if they had concerns a person might be being abused, "I've no choice but to report it," another, "I'd definitely report it." All the care workers we spoke with were confident office staff would act appropriately if they did report any matter. One care worker said firmly, "The office would always deal with it." All three of the office staff we met with were clear about their responsibilities for reporting relevant matters to the local authority and knew how to follow the local procedure. Care workers were aware of their responsibilities for reporting matters further if they felt they needed to. One care worker told us, "I wouldn't think twice reporting to the local authority if I needed to."

Staff were also aware of what to do if they could not gain entry to a person's home. One care worker told us if this happened they would not be able to "Let it be." They said they would check windows and doors and call out. They would then make sure the office was informed. Care co-ordinators said they would check with the person and/or their relative in case they had forgotten about the visit and decided to go out. They were aware that if in doubt, they should always alert the police, to ensure the person was safeguarded.

We looked at a person whose records indicated they had sustained unexplained bruising. The bruising had been documented and reported to office staff. A recent safeguarding record showed where a person had started experiencing falls, this had been reported via safeguarding procedures. For another person, their records showed the agency were working with social services where a person had been assessed as being at potential risk from a third party. The registered manager performed an audit of risk factors like when people fell or sustained pressure damage, so they could ensure relevant referrals took place and people's care plans were reviewed.

The agency had safe systems for the recruitment of staff and the management of their performance. We looked at records of six staff, some of whom had been recently been employed. These showed prospective staff were assessed for their suitability. All staff files included key documents such as a full employment history, at least two references and a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff had a criminal record or were barred from working with children or adults. This ensured only suitable people worked at the service. Where the registered manager identified issues relating to individual performance by staff, she worked within the provider's disciplinary procedures. Files showed any issues were appropriately investigated and investigations were conducted in a fair way, following national guidelines. All matters were followed up in writing with the member of staff, setting out their rights, as well as reasons for any actions being taken by management.

Good

Is the service effective?

Our findings

At the last inspection in April 2017, this key question was rated as requires improvement and two breaches in regulations were identified. This was because consent was not always being sought in line with the principles of the Mental Capacity Act (MCA) 2005. Also care workers did not always receive refresher training to help ensure they remained up to date with best practice. The provider sent us an action plan after the last inspection to set out how they would make improvements. This inspection showed the provider had taken appropriate action and had met both breaches in full and this key question was now rated 'good'.

The 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. We found the agency was now working within the principles of the MCA.

All the staff we spoke with had a clear understanding of their responsibilities under the MCA. Information about the MCA was readily available in the office, including in poster form in the teaching room. When we went out with care workers, we saw they ensured they supported people only with their consent, both seeking the person's permission for each action they took with each person and listening to what the person said. For example, when we visited a person, we could hear the care worker asking permission from the person for each action they were going to do throughout the time they were showering them.

We looked at the records of a person who used bed rails. They had a clear risk assessment and a care plan, which set out their individual reasons for the use of the bed rails and how they had consented to their use. One person had their medicines kept in a locked box. The person had a MCA assessment and evidence to show that locking away of their medicines had been done in their best interests. One person had opted to live their life in a way which could have had a potential to put them at risk. The agency had drawn up a risk assessment about this with the person, who had clearly confirmed in their records that this was what they had chosen to do.

People were supported by staff who were trained and supervised in their roles. People told us staff were trained to do their jobs. One person told us, "Yes they are trained" and another, "All carers are good at their jobs and know what to do." One person's relative told us the training given to staff was such that, "They know what they're doing." One care worker told us, "The training's good, the support's good" and another described the training as, "Really good." One care worker told us, "The dementia care training made me very aware of issues." Another told us about their training in diversity and how it had supported them in providing care to the range of different people they visited.

One care worker we met with told us they had returned to working at the agency after a period of time away. They told us they were pleased that they still received an induction into their role and were able to shadow other staff when they recommenced their role, telling us, "My induction was useful because things do change." Staff described the systems for supervision. One care worker told us, "I feel supported," because of

their regular supervisions, another care worker told us, "I can definitely bring things up at supervision." Staff said having unannounced spot checks also supported them. One care worker told us, "Spot checks give me confidence."

We looked at staff training records and discussed staff training with the registered manager. Records showed the registered manager ensured induction was flexibly organised to support each individual member of staff into their new role, and staff did not work on their own until they felt safe to do so. Newly employed care workers were closely monitored and received regular supervision. The registered manager had a training plan, so she could see at a glance who had received training in such key areas as health and safety and first aid, and who was due. Where specific training was needed to support a person, staff did not work with the person until they had received appropriate training. For example, one of the people we met with had been supplied with new equipment. The care workers said they did not use the new equipment until they had been trained in its use by the person's therapist. They said this was being organised shortly.

One to one meetings with staff included self-assessment and reflective practice. Where staff brought up issues, it was clear action was taken. For example, one care worker felt they needed more training in end of life care. Their records showed how this was to be progressed to give them the skills and competency they felt they needed. Care co-ordinators confirmed spot checks on staff were all unannounced and if they had concerns about a care worker's support needs, additional spot checks took place. For example, issues had been identified for one care worker in relation to completion of MARs, so additional spot checks were made to follow up on this. Records showed where issues were identified, action was taken. For example, one care worker was assessed as needing more experience in using a hoist, this was followed up to ensure they gained the skills they needed.

People who needed support with their meals and drinks received the help they needed. People told us care workers supported them in the way they wanted with eating and drinking. One person told us, "My meals are cooked and catered for" and another, "They cook my food as I like it." One of the people we met with had a very clear care plan about supporting them with eating and drinking. This included details which were important to the person, such as they liked the crusts to be cut off their sandwiches and exactly how they liked their breakfast to be set out. The care worker followed this person's care plan. The person also had preferences about how they wanted to be left with drinks, this was followed by their care worker. One of the people we visited was known not to have a good appetite, the care worker made sure they offered them choices about what they might like to eat. One person's records documented they lived with poor vision. Their care plan included specific instructions about how care workers were to place their food and drinks so they could support themselves independently with eating and drinking. The registered manager told us the new app had the additional benefit of having a hydration alert on it, to ensure staff knew which people could be at risk of not drinking enough.

The registered manager ensured they performed a full assessment of people's needs before they agreed to take on the care package. They said if they felt they did not have the staffing levels or staff did not have the skills base, they would not agree to take on the package. We looked at assessments for prospective new people. These were completed in detail and together with the person and or their relative so the agency had a rounded assessment of the person's needs.

The agency worked with other professionals to ensure people were supported in the way they needed. Care workers told us about the importance of working closely with other professionals involved in people's care. One person's records showed care workers had identified issues with their urinary catheter and this was promptly reported to the district nurses. Another person showed a reddened area on a limb, this was also reported promptly to the district nurses. Care workers documented that one person was finding difficulties

with managing some of their tablets. This was reported by the agency to their GP. One of the people we met with had clear instructions in their home about the physiotherapy exercises care workers were to support them with. We observed care workers followed these directions. The care workers with the person also told us they knew how to seek advice from their therapist if the person's needs changed. One person had records which showed they had difficulties in their swallowing. They had a clear care plan about this. Records showed staff were following their therapist's instructions when supporting the person to eat and drink. One person's records showed they were refusing care. The agency had referred the matter to their social worker and held discussions with social services about the person's needs, and their package of care was reviewed.

Good

Is the service caring?

Our findings

At the last inspection in April 2017, this key question was rated as good because people's independence, dignity and privacy was respected. This continued at this inspection.

People commented on the kindness and support they received from care workers. One person told us, "They're really nice people" and another, "I am confident in the carers." One person warmly described care workers as, "Beautiful." One person's relative told us the care workers were, "All so cheery and friendly," and another said they liked the way, "They make him laugh."

People told us care workers supported their independence. One person told us, "I'm more or less in charge" and another, "I like their flexible approach." One of the people we met with used a limb brace. The care worker was ready to help the person with this if they wanted, but let them put the brace on as independently as possible, only helping the person when they asked. We saw a care worker left a person with their wheelchair just where they wanted it to be so they could mobilise in it when they were ready to get out of bed. One person's care plan set out that they had poor eyesight, so all drinks needed to be given to them in a beaker so they could carry on drinking independently. Another person's care plan set out that due to their visual difficulties, they needed to have their have their talking clock to hand when care workers left them, to ensure they could tell the time independently.

People commented on how respectful and polite care workers were to them. One person's relative told us, "They're very polite" and another commented about how care workers provided their relative with care in a sensitive way so, "They don't feel something undignified is happening to them," when they provided personal care. When we met people, care workers were consistently polite and gave them privacy when needed. For example, a care worker tactfully closed a bathroom door when a person went in to use their toilet and had left it open. On another occasion, they made sure their window curtains were fully closed when someone was getting up. A care worker was very respectful of the wishes of the person they were visiting. This was because the person preferred to live in a quiet environment with no loud noises. The care worker consistently spoke with the person in a low, gentle tone and if the person called for them when they were in another room, did not call back from the room they were in but went back to where to person was and asked how they could help them, in a low quiet tone.

People told us care workers knew them well as individuals, so understood their needs. One person told us, "The carers know me very well." A person's relative told us they liked the way staff took the person's past working life into account when talking with the person, as they felt this meant the person was an individual to the care workers. One care worker told us they treated everyone as an individual and that it was important to recognise people's diverse needs. They knew a person well enough to know the clothes they currently preferred to wear. Another care worker clearly knew the person well enough to ask after the person's family, which they clearly liked. A person's records documented their past working life and about their love of Rugby, so care workers with them could actively talk about such matters with them. One person showed us a picture of them as a younger person and enjoyed the fact that the care worker knew about this and had remembered what they had told them.

Care workers showed empathy with people. When we were with one person, the care worker knew them well enough to recognise they were experiencing pain because of their facial expressions. They discussed how the person was feeling with them and was clearly ready to take the matter further if the person had wanted additional support. One person's records showed they had not wanted to have any care that day. The records showed the care worker sat down and had a chat with them instead because that was what the person had wanted.

The agency took people's diversity into account when providing care. One person's assessment and care reports sensitively documented about the person's gender and how this affected preferences for care. The care co-ordinators described this person's needs in a professional, non-judgemental manner.

Carer workers were aware of the importance of confidentiality for people. One person's relative told us, "They're very sensitive to confidentiality." When we visited a person with two care workers, the care workers discussed their plan for supporting the person when they went into the person's home in a confidential way in the porch, before going into the person's house. They were clearly aware they did not want any of their conversation to be over heard by anyone such as a neighbour.

Good

Is the service responsive?

Our findings

At the last inspection in April 2017, this key question was rated as requiring improvement and a breach in regulations was identified. This was because the provider was unable to demonstrate how they provided a responsive service to people and because complaints were not consistently handled appropriately. The provider sent us an action plan after the last inspection to set out how they would make improvements. This inspection showed the provider had taken appropriate action and had met the breach in full, this key question was now rated as good.

All the people we talked with told us the agency was responsive to their needs. One person told us, "I'm highly satisfied with the standards of care provided by the carers." One care worker told us they knew they needed to respond to people's changing needs and if they told the office a person was changing, the office staff, "Always listen to me". When we went out with two care workers to visit a person, they held a quick discussion before they went into the person's home to ensure they were both up-to-date with the person's current needs and could respond to them in the way the person wanted.

People told us one of the reasons why the agency was responsive was because they received good continuity of care from the same group of care workers. This meant care workers got to know their individual needs. One person told us about the care worker who was visiting them, "I see her frequently." Another person told us they had experienced another agency in the past and they preferred this one because, "It's much better having continuity."

People also said care workers came to visit them at the times they expected. One person told us, "They come at the right time." One person's relative told us, "They keep to the list and if they need to change always tell us." Another person's relative told us they appreciated the way if any new staff were going to be sent to them, they were always given their names, "So we're ready." One care worker told us, "I can arrive on time and stay for my time." We asked another care worker if their shift was ever changed when they were out visiting people They were surprised by the question and we had to explain that this did happen with some agencies. They told us in a surprised tone, "That has never happened to me."

We looked at records in people's homes. When we looked at the rotas, we saw the care workers had come at the time expected. A review of rotas and people's daily notes showed people were cared for by the same group of staff, with very occasional changes for absences such as for annual leave or sickness. All staff confirmed there was a clear system for letting the office know if they were running late, for example if they needed to stay with a person who was unwell. People confirmed if care workers were going to be late, they were always informed by the agency. Office staff told us the new app would also allow for live editing of the rota so they could respond to changes in the area, for example if temporary traffic lights were added to a road, so affecting timings for a period.

People said they were involved in drawing up their care plans so they met their own needs. A person's relative told us, "It's a feeling of you being in charge." Staff told us care plans informed them of how to meet people's needs. One care worker told us, "Care plans are always accurate." When we went out with a care

worker, they looked at their phone app before they went into a person's home to check if anything had changed that they needed to know about. One care worker told us when the new system was fully introduced it would be even easier because, "Everything will be there." One senior care worker showed us how they were able to up-date people's care plans at the time a change was needed on the app. They updated information about a person's catheter care after reviewing their district nurse's notes when they were in the person's home.

Care plans were individual in tone, for example one person's care plan documented where they kept items they used for personal care, so any care worker unfamiliar with them would know where to find them, without asking the person each time. Another person's records clearly documented who the agency were to contact in their family, and in which order, if they needed additional family support. One care worker told us, "I like to know how they want things, so I can meet their needs."

The registered manager was fully aware of Accessible Information Standards. The Accessible Information Standard (AI) is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. All people who had AI needs had a care plan relating to this in their records. Where people had additional needs to be considered, this was documented. For example, one person had visual difficulties. Their care plan clearly set out how items were to be placed for the person before care workers left their house, so they knew where they were when they were alone.

At times the agency provided people with care at the end of their lives. We met with a person and two care workers who were supporting them at the end of their life. Care workers explained to the person how they were going to support them, so they were involved with their own care as much as possible. They listened carefully when the person briefly responded. They treated the person with respect and kindliness. One of the care workers took time to sit with the person, talk softly with them and hold their hand, while the other care worker tidied up, before they left the person's home. One of the care workers told us about their good liaison with the district nurses so working together as a team, they could ensure the person's needs were met and they had a comfortable end to their life, remaining in their own home, as they wanted.

We asked people how they raised issues of concern. All people we spoke with were confident if they raised any issues, they would be dealt with. One person told us, "If I needed to make a complaint, I'd make it to the office, I know they'd be very helpful." The relative of a person said they had raised an issue with the office on one occasion and the matter they were concerned about had not happened again.

We looked at complaints records. We saw verbal as well as written complaints were logged. Records showed a person's relative had made a verbal complaint on their behalf. This had been fully logged and the record showed what follow-up actions had taken place. The registered manager had also written to the person following their investigation.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in April 2017, this key question was rated as requiring improvement and a breach in regulations was identified. This was because incidents and accidents were not audited for any emerging trends, themes or patterns, not all paperwork had been updated to reflect the correct legal entity of the registered provided and a robust quality assurance framework was not in place. The provider sent us an action plan after the last inspection to set out how they would make improvements. This inspection showed the provider had taken appropriate action and the provider and had met the breach. At this inspection only some areas relating to consistency in completion of documentation required improvement.

While some people's medicines records followed National Institute for Health and Care Excellence (NICE) guidelines, others did not. For example, one person was prescribed a medicine which can increase risk of bruising, this was not included in their care plan. Another person was being given medicines because they were at risk of constipation and they also had a care plan about this. However, a record of their bowel movements was not maintained, so the effectiveness of their bowel treatment plan could not be assessed. Where some people had asked for specific support with their medicines, it was documented for some people but not for others. While most people had full risk assessments about their care, others did not. For example, one person's records showed care workers supported them to shower, but there was no risk assessment about this. While some people's records of urinary catheter bag changes were documented, one person's record was not being regularly completed. Consistency in record keeping was therefore an area which needed improvement.

We discussed consistency in record-keeping with the registered manager. She said once all people's records were fully up-dated onto the app, it would be much easier to review consistency in record-keeping. They said for example, they would be able to look on people's MAR records at the time they were meant to be completed, rather than waiting to review them until the records were returned to the office at the end of the month.

The registered manager had been in post with the previous provider as well as current provider.
People and care workers spoke highly about the management of the agency. One person described the agency as, "Professional, caring" and another, "I think they're wonderful." Staff spoke positively about management of the agency. One care worker told us, "We've a good atmosphere here" and another, "They're a good company to work for."

Care workers told us they felt valued and supported by the registered manager and her team. One care worker told us, "The manager is flexible," another, "They really value our opinions" and another, "You can rely on them." One care worker told us they appreciated the way, "There's always someone on the end of the phone" and a senior care worker told us when they held the on-call phone," You can always go to one of the managers from the owner's other offices for advice and support." One care worker told us that they felt listened to when their job was "Stressful" and another, "I've never felt I've thrown in at the deep-end." The registered manager told us part of her philosophy was about the importance of valuing staff and listening to them.

Regular audits were carried out by the registered manager to review a range of areas. This included accidents and incidents and any medicines issues. The manager performed an audit to identify when care workers were off sick, if there were any trends or patterns in sickness rates and followed-up on any issues. She used audits of care workers' sickness to consider issues relating to individual care worker's well-being, so they felt supported in their role. All the files we looked at were kept in a very organised way, so they were easy to audit. This meant issues identified during supervision and spot checks were easily identifiable. For example, during one person's spot check, the senior care worker noted parts of a person's documentation was out of date. Records showed action was taken about this. In another spot check where two care workers were supporting a person, the spot checker found one of the care workers had not been informed that the other one was running late. This was followed up by management to ensure other staff involved, as well as the person were informed of any such issues.

The agency was audited by a registered manager from another of the provider's agencies. We looked at the most recent peer review. This had involved meeting with 10 people and reviewing their files. The only issue identified relating to signing of relevant documented. Action had been taken to address this.

The manager organised several staff meetings, at different times and days, to support all staff in attending. Much of the recent staff meeting had been taken up with learning about now the new app system worked. Staff we spoke with were highly motivated about the app. One care worker described it as, "Brilliant". One care coordinator told us the new system was much more flexible, so it would make it easier to work round people, such as changing one visit time so a person could more easily get to an appointment. They said it could also be used to bar people or staff so staff were not inappropriately allocated. This included if a person had only asked for staff of the same gender to give them personal care or if a care worker could not go to a certain person because of a cat allergy. Another care coordinator told us the system would also alert them promptly if a care worker did not attend for a visit and they could quickly investigate to ensure both the person and the care worker were safe.

The agency was based in the middle of Hailsham and the registered manager was keen to be part of the local community. She and her staff had recently involved themselves in a range of local charity events. She said this had raised the profile of the agency and meant they were approachable within the community.