

appa me limited

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Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

This announced inspection took place on 28 July 2016. This was the provider's first inspection since their registration in January 2015. Appa Me is a domiciliary care service providing personal care to people living in their homes. At the time of the inspection only one person was using the service for a few hours a week. Therefore we were not able to rate the service against the characteristics of inadequate, requires improvement, good and outstanding. We did not have enough information about the experiences of a sufficient number of people using the service to give a rating to each of the five questions and therefore could not provide an overall rating for the service.

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.

People told us they felt safe with the staff. The service had clear procedures to recognise and respond to abuse. All staff completed safeguarding training. Senior staff completed risk assessments for people who used the service which provided sufficient guidance for staff to minimise identified risks. The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had enough staff to support people and carried out satisfactory background checks of staff before they started working. The service had an on call system to make sure staff had support outside the office working hours. At the time of our inspection the person using the service was not receiving any support with medication. The service provided an induction and training, and supported staff through regular supervision and yearly appraisal to help them undertake their role.

People's consent was sought before care was provided. The registered manager was aware of the requirements of the Mental Capacity Act 2005 (MCA). At the time of inspection they told us they were not supporting any people who did not have the capacity to make decisions for themselves.

Staff supported people with food preparation. People's relatives coordinated health care appointments and health care needs, and staff were available to support people to access health care appointments if needed.

People told us they were consulted about their care and support needs. Staff supported people in a way which was caring, respectful, and protected their privacy and dignity. Staff developed people's care plans that were tailored to meet their individual needs. Care plans were reviewed regularly and were up to date.

The service had a clear policy and procedure about managing complaints. People knew how to complain and would do so if necessary. The service sought the views of people who used the services. Staff felt supported by the provider. The service had an effective system to assess and monitor the quality of the care

people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People told us they felt safe and that staff treated them well. The service had a policy and procedure for safeguarding adults from abuse. Staff understood the action to take if they suspected abuse had occurred.

Senior staff completed risk assessments and risk management plans to reduce identified risks to people.

The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had enough staff to support people and carried out satisfactory background checks of staff before they started working.

Medicines were not being administered at the time of our inspection, so we will check on this when we next inspect the service.

Inspected but not rated

Is the service effective?

The service was effective.

People commented positively about staff and told us they supported them properly.

The service provided an induction and training for staff. Staff were supported through regular supervision and yearly appraisal to help them undertake their role.

The provider and staff knew the requirements of the Mental Capacity Act 2005 and acted according to this legislation.

Staff supported people with food preparation. People's relatives coordinated health care appointments and staff were available to support people to access health care appointments if needed.

Inspected but not rated

Is the service caring?

The service was caring.

Inspected but not rated

People told us they were consulted about their care and support needs.

Staff treated people with respect and kindness, and encouraged them to maintain their independence.

Staff respected people's privacy and treated them with dignity.

Is the service responsive?

The service was responsive.

Staff developed care plans with people to meet their needs. Care plans included level of support people needed and what they could manage to do by themselves.

People knew how to complain and would do so if necessary. The service had a clear policy and procedure about managing complaints.

Inspected but not rated

Is the service well-led?

The service was well-led.

There was a registered manager in post. They kept staff updated about any changes to people's needs.

The registered manager held monthly staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels.

The service had an effective system and processes to assess and monitor the quality of the care people received.

Inspected but not rated

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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, and to look at the overall quality of the service.

Before the inspection we looked at all the information we held about the service.

This inspection took place on 28 July 2016 and was announced. The provider was given 48 hours' notice because the service is a domiciliary care service and we needed to be sure that the provider would be in. The announced inspection was carried out by one 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.

During the inspection we looked at one person's care records, three staff records, quality assurance records, and policies and procedures. We spoke with one relative, the operations director, the registered manager and one member of staff.

Is the service safe?

Our findings

People's relatives told us they felt their loved ones were safe and that staff treated them well. One relative told us, "I have no worries about Appa."

The service had a policy and procedure for safeguarding adults from abuse. The registered manager and staff we spoke with understood the types of abuse that could occur, and the signs to look for. Staff knew what to do if they suspected abuse had occurred. This included reporting their concerns to the registered manager, the local authority safeguarding team, and the Care Quality Commission (CQC). Staff we spoke told us, and records confirmed that they had completed safeguarding training.

The registered manager told us there had been no safeguarding concerns since the registration of the service in January 2015. Staff were aware of the provider's whistle-blowing procedure and said they would use it if they needed to. One member of staff told us, "If I see something wrong, I will report to my manager. If my manager is involved, I will report to the external body."

Staff completed a risk assessment for people when they started using the service. One relative told us, "The service provider is very hot on risk assessments and very strict on reviews." Risk assessments covered areas including washing, drying and hair styling, cleaning materials and equipment, and fire safety. Assessments included appropriate guidance for staff on how to reduce identified risks. For example, where one person had been identified as being at risk of using bathing equipment, a risk management plan had been put in place which identified the use of equipment and the level of support the person needed to reduce the level of the risk. The registered manager told us that risk assessments would be reviewed on an annual basis, or more frequently if people's needs changed. We were unable to check on this at the time of our inspection because no reviews were due.

The service had a system to manage accidents and incidents safely and to reduce reoccurrence. The registered manager told us there had been no incidents or accidents since the registration of the service in January 2015. Records we reviewed confirmed this.

The service had enough staff to support people safely. The registered manager told us they organized staffing levels according to the needs of the people who used the service. One relative told us that their loved one's regular staff member was reliable and that there were no problems in the service providing alternate staff when needed to cover planned absence or sickness. The staff rota confirmed this. The service had an on call system to make sure staff had support outside the office working hours. Staff confirmed this was available to them at all times.

The provider ensured that they monitored people's calls to check they were attended on time through the use of a sign in sheet, and records showed they regularly contacted people to check on this. Staff we spoke with told us they had enough time to meet people's needs.

The service carried out satisfactory background checks of all staff before they started working. These

included checks on each applying staff member's qualifications and relevant experience, their employment history and consideration of any gaps in employment, references, and criminal records checks, a health declaration and proof of identification. This reduced the risk of unsuitable staff working with people who used the service.

At the time of our inspection people were not receiving any support with medication. One relative told us that their loved one, "Takes their own medication, which is reviewed by the doctor." The provider had an appropriate medicines policy and procedures should people require support with medicines. The medicines policy included guidance for staff on how to prompt and record administration of medicines, report medicines errors, as well as information about staff training which included an assessment of their competency to administer medicines.

Is the service effective?

Our findings

People's relatives told us they were satisfied with the way staff looked after their loved one and staff were knowledgeable about their roles. One relative told us, "Staff know how to support [their loved one] in a positive way."

The service trained staff to support people appropriately. Staff told us they completed induction training when they started work. The induction included topics such as the provider's policies and procedures, staff roles and responsibilities, health and safety, first aid, food hygiene, infection control, and a period of shadowing an experienced member of staff. The registered manager told us all staff completed mandatory training specific to their roles and responsibilities. The training covered areas from basic food hygiene, and health and safety in people's homes to moving and handling, and the Mental Capacity Act 2005 which included training on the Deprivation of Liberty Safeguards. Records showed staff updated their training yearly. Staff told us the training programmes enabled them to deliver the care and support people needed.

Records showed the service supported staff through regular supervision and yearly appraisal. Areas discussed during supervision included staff wellbeing and sickness absence, their roles and responsibilities, and their training and development plans. Staff told us they worked as a team and were able to approach their line manager at any time for support.

Staff understood the importance of asking for consent before they supported people. A member of staff confirmed they sought verbal consent from people whenever they offered them support. Staff also recorded people's choices and preferences about their care and support needs.

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. We checked whether the service was working within the principles of the MCA.

The service had systems to look for and record whether people had capacity to consent to care. The provider was aware of the conditions under which a person may be considered to be deprived on their liberty and told us that any applications for authorisations would be made to the Court of Protection if required to ensure people's liberty was not unlawfully deprived. At the time of inspection the registered manager told us they were not providing care or support to any people who did not have capacity to make decisions for themselves.

Staff supported people with food preparation. This included lifting heavy items such as saucepans and by

giving oral instructions throughout the task of food preparation. At the time of the inspection people were not receiving any further support to meet their nutritional and hydration needs.

People's relatives coordinated health care appointments and health care needs. The registered manager told us that staff were available to support people to access healthcare appointments if needed. Staff told us how they would notify the office if people's needs changed or if they required the input of a health professional.

Is the service caring?

Our findings

People's relatives told us they were happy with the service and staff were caring. One relative told us their loved one, "Gets really nice care workers."

Relatives confirmed that people were consulted about their care and support needs. One relative told us, "Office staff came to check what was needed and to carry out care assessments about which I'm kept informed." The registered manager told us reviews of people's care needs took place at their homes and that these were completed with the person using the service. Where appropriate they involved relatives in this assessment. People's care records showed that they were involved in undertaking an assessment or their needs and in planning their care.

Staff understood how to meet people's needs in a caring manner. Staff we spoke with were aware of people's needs and their preferences in how they liked to be supported. For example, one staff member told us "I always ask them before giving any care, how they liked to be supported when showering, bathing and treat them with respect."

People were supported to be as independent in their care as possible. Staff told us that they would encourage people to complete tasks for themselves as much as they were able to. Care records we saw confirmed this.

Staff described how they respected people's dignity and privacy and acted in accordance with people's wishes. For example, staff told us they did this by ensuring people were properly covered, and curtains and doors were closed when they provided care. Staff spoke positively about the support they provided and felt they had developed good working relations with people they cared for. Staff kept people's information confidential. One staff member explained us how they kept all the information they knew about people confidential to respect their privacy. The service had policies, procedures and staff received training which promoted the protection of people's privacy and dignity.

Is the service responsive?

Our findings

People's relative told us they had a care plan. One person told us, "My [relative] has a care plan and is reviewed when required, and the updated care plan is made available."

Staff carried out a pre-admission assessment for people to see if the service was suitable to meet their needs. Where appropriate, staff involved relatives in this assessment. This assessment was used as the basis for developing a tailored care plan to guide staff on how to meet people's individual needs. Care plans contained information about people's personal life and social history, their physical and mental health needs, allergies, family and friends, and contact details of health and social care professionals. They also included the level of support people needed and what they could manage to do by themselves.

Staff discussed any changes to people's conditions with their line manager to ensure any changing needs were identified and met. We saw that care plans were updated when people's needs changed. For example, when one person's needs changed extra hours of care were provided we saw the care plan was up to date.

Staff completed daily care records to show what support and care they provided to people. Care records showed staff provided support to people in line with their care plan.

People told us they knew how to complain and would do so if necessary. When asked if their loved one ever had any concerns about the provider; one relative told us, "Categorically no," and said, "We have never had any concerns." The provider had a policy and procedure for managing complaints. The registered manager told us they received no complaints from people and their relatives since the registration of the service in January 2015. The complaints record we saw confirmed this.

Is the service well-led?

Our findings

People's relative commented positively about the provider. For example, one person told us the provider has, "very high standards" and "closely monitor my relative's care."

There was a registered manager in post. They had detailed knowledge about the management of service, including the day to day needs of people receiving support, and made sure they kept staff updated about any changes to people's needs. We saw the registered manager interacting with staff in a positive and supportive manner. Staff described the leadership at the service positively. One staff member told us, "The manager is very supportive."

The registered manager held monthly staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels. Records of the meetings included discussions of any changes in people's needs, guidance about the day to day management of the service, coordination with social care professionals, and any changes or developments within the service.

The registered manager told us the service used the staff induction and training to explain their values to staff. For example, the service promoted a culture where people and staff felt the service valued their opinions and included them in decisions. The service responded to people's views in areas such as changes to staff visit times and additional tasks for staff to deliver.

The service had an effective system and process to assess and monitor the quality of the care people received. This included daily call monitoring, and monthly observation of the care provided at the person's home. The service completed in July 2015, a satisfaction survey of people who used the service. We saw the completed survey form and found all the comments were positive. For example, when asked how do people rated the service overall, people described it as "Excellent."