

Apex Prime Care Ltd

# Apex Prime Care - Shirley

## Inspection report

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11 April 2017

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

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 on 07, 10 and 11 April 2017 and was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of our inspection the service was providing personal care to 164 older people with a variety of care needs, including people living with physical frailty or memory loss due to the progression of age.

The service had a registered manager. 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 had not submitted notifications when required. Improvements were needed to ensure that all of the required checks were made before new staff started working at the service.

People and their families expressed mixed views about whether the service always provided their care at a time of their choosing. People did not have confidence in the out of hour's service provided.

People and their families told us they felt safe and secure when receiving care and that staff were caring and responsive to their needs.

People received their medicines safely and staff contacted healthcare professionals when required. Staff received training in safeguarding adults. They completed a wide range of training and felt it supported them in their job role.

New staff completed an induction designed to ensure staff understood their new role before being permitted to work unsupervised. Staff told us they felt supported and received regular supervision and support to discuss areas of development. There were sufficient numbers of staff to maintain the schedule of care visits to meet people's needs.

People who used the service felt they were treated with kindness and said their privacy was respected. Staff had an understanding of legislation designed to protect people's rights and were clear that people had the right to make their own choices.

Staff knew what was important to people and encouraged them to be as independent as possible.

Staff were responsive to people's needs which were detailed in people's care plans. Care plans were regularly reviewed to ensure people received personalised care. A complaints procedure was in place.

Staff felt supported by the manager and could visit the office to discuss any concerns. Procedures were in

place to investigate complaints and learn from any accidents or incidents.

We identified one breach of regulations. You can see what action we have told the provider to take at the back 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?

The service was not always safe.

Recruiting practices were not always safe; there were some gaps on staff's employment history.

Staffing levels were sufficient to meet people's needs. However, We received mixed views about whether staff arrived on time.

Risk assessments were in place. However we found these could be improved on and more information added to assist staff to identify risks to people.

Staff were trained to support people with medicines. However medicine administration records were not always completed correctly.

People felt safe and secure when receiving support from staff members. Staff received training in safeguarding adults and knew how to report concerns.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff received appropriate training and one to one supervisions. People were supported to access health professionals and treatments.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

People received support with meals and drinks and could choose what they wanted to eat.

**Good** ●

### Is the service caring?

The service was caring.

People felt staff treated them with kindness and compassion.

People were encouraged to remain as independent as possible.

**Good** ●

They were involved in planning the care and support they received. Their privacy was respected at all times.

### **Is the service responsive?**

The service was responsive.

People told us the care they received was personalised, and their needs were reviewed regularly.

Quality reviews sought feedback from people.

An effective complaints procedure was in place.

**Good** ●

### **Is the service well-led?**

The service was not always well led.

The provider had not notified CQC of incidents that had occurred within the service.

People and their relatives expressed mixed views about how well they felt the service was led and the communication from the office.

There were systems in place to monitor the quality and safety of the service provided

Staff spoke highly of the management team who were described as approachable and supportive.

**Requires Improvement** ●

# Apex Prime Care - Shirley

## **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 inspection took place on 07, 10 and 11 April 2017. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure someone would be in. The inspection was carried out by one inspector and one 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 the inspection, we reviewed information we held about the service and the service provider, including previous inspection reports and notifications about important events which the provider is required to tell us about by law.

During the inspection we spoke with nine people who used the service and five family members by telephone. We spoke with a further two people when we visited their homes. We spoke with the registered manager, manager, deputy manager, staff trainer and eight staff members. We looked at care records for nine people. We also reviewed records about how the service was managed, including five staff training and recruitment records.

The service registered with the Care Quality Commission in September 2016. This was the first ratings inspection undertaken.

# Is the service safe?

## Our findings

People and their family members told us they felt safe with staff and the service provided safe care. One person told us, "Yes, definitely." Another person said, "I feel safe, I couldn't do it on my own." A family member told us, "[person's name] always feels safe with the carers." Another family member said, "She's had no problems with the carers who come in."

Recruitment processes were followed that meant staff were checked for suitability before being employed by the agency. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. However, there were a couple of unexplained gaps in staff employment histories. We spoke to the registered manager who informed us they would take action immediately to address our concerns.

People gave us mixed feedback as to whether their care workers arrived on time. One person told us, "Yes they arrive on time." Another person said, "Sometimes they come a bit earlier. Whatever time they arrive suits me." A family member told us, "Yes. If they can't they will phone up, but they are really good at time keeping. Sometimes mum needs a bit more time. They must have been here about an hour last night, and they were good, no problem, they don't rush her." However one person told us, "Not always. Once they were so late my wife helped me because it was getting on for midday." A family member said, "It can vary quite considerably. Once or twice she has sat around in her dressing gown. The only major problem she has had with her carers is when they keep changing the times. Another family member said, "No I have a diary and a set time and have sent them away if they are too early." We spoke with management who told us they have been working hard to make improvements to the quality of the service and this has shown in their quality assurance survey. One person told us the service had "Got a lot better in the last few months."

People told us that there were concerns raised about the rotas. One person told us, "There's no rota. They said they would send one out months ago. We don't know who we are going to get and what time they will turn up." A family member said, "She used to [get a rota] but she doesn't get one. I don't know why. The carers write in the book. Usually we know who is coming from the carers." We spoke with the manager about people's feedback. They informed us, they send a copy of the rota to people who request it by email and a staff member can also drop one off if required.

There were sufficient numbers of care workers available to meet people's needs. Staffing levels were determined by the number of people using the service and their needs. These could be adjusted according to the needs of people using the service. Staff said they had sufficient time to support everyone and were able to provide additional support if someone needed it; for example, if the person was unwell. Care coordinators and senior staff were also available on call 'out of hours' for emergencies or advice. One staff member told us, "I feel there are enough staff, lots of new staff are starting so it's going to be a lot better." Another staff member said, "I'm on call and if I can't get the calls covered I would go out myself."

Staff understood their responsibility to keep people safe from harm. A safeguarding policy was available and

care workers were required to read this and complete safeguarding training as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to their manager, and if no action was taken would take it higher up. One care staff member said, "If I thought it was safeguarding I would phone management and make a note of the times and dates word for word. Make the person aware I am reporting and recording. Call the police if needed, if the person is at risk." Another staff member said, "If I had any safeguarding concerns I would go straight to the office."

People were happy with the support they received with their medicines. They told us their independence was respected and that they managed their own medicines where possible. There were medicines administration systems in place and people received their medicines when required. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. All staff received medicine management training, which was refreshed regularly and their competence was assessed to make sure they were safe to administer people's medicines. However, on some medicine administration records (MAR) there were missing signatures. The MAR chart provides a record of which medicines are prescribed to a person and when they are given. Staff administering medicines are required to initial the MAR chart to confirm the person has received their medicine. We spoke with the manager about our concerns, they told us, Repeat offenders are called into the office to find out what the problem is and action taken to ensure staff record when people have taken their medicines.

Assessments were undertaken to assess any risks to people who received the service and to the care workers who supported them. These included environmental risks and any risks due to the health and support needs of the person. Risk assessments were also available for moving and handling, medicines, falls and equipment. For example a risk assessment for the environment, provided staff with information of where to locate the stop cock and fuse box in the person's home and where staff could park their cars. For another person who is transferred using a hoist their records advised staff to, make sure they were positioned correctly in their chair to avoid them slipping down as they are unable to move themselves up. However we found some identified risks needed more information to enable staff to meet their needs. For example, one person was fitted with a urinary catheter, which is where a flexible tube is used to empty the bladder and collect urine in a drainage bag. There was no information for staff in their risk assessment about the risks due to infection control. We spoke with management who informed us we are in the process of updating all the risk assessments with more health information and just have a couple left to complete. A staff member told us, "If any risks have changed I would report to the office so it can be updated."

The service had a business continuity plan in case of emergencies. This covered eventualities where staff could not get to people's homes. For example, if there are any difficulties covering calls due to events, such as the weather conditions or sickness. This contained a set of procedures to follow and the main contact numbers for emergency services.

## Is the service effective?

### Our findings

People told us staff were well trained and supported them in a way they liked. One person told us, "They know what they are doing." Another person said, "Yes definitely." A family member told us, "They are brilliant really good."

People were supported by staff that had access to a range of training to develop the skills and knowledge they needed to meet people's needs. One staff member told us, "Training is very good, if I notice something out in the field that I'm not sure about I can go to management for more training and this is arranged quite quickly." Another staff member said, "The trainer [person's name] is brilliant, very informative."

People told us, if a new staff member started; they were accompanied by a regular carer and shown how they liked things done. The service had appropriate procedures in place for the induction of newly recruited members of staff. New staff were supported to complete an induction programme before working on their own. This included classroom based training provided over four days, during which staff were supported to complete the Care Certificate. The Care Certificate is awarded to new staff who complete a learning programme designed to enable them to provide safe and compassionate care. One staff member told us, "My induction training was good you can ask any questions and it gave me a good insight." We spoke to the trainer who told us, "The Care certificate is held over four days, we go over basic moving and handling, medicines and first aid. During this time we go through one or two standards in the classroom to make sure okay." A staff member informed us how they supported staff with the Care Certificate by carrying out staff observations to check understanding. They said, "If I not sure about a new staff member I will speak to management to see if any more observations or training is needed."

People were supported by staff who had supervisions (one to one meetings) and yearly appraisals with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Records of supervisions were kept by the service. This showed the process used was formalised and covered all relevant areas. Where necessary, actions for improvement were identified and followed up. One staff member told us, "I feel very supported in my supervisions." Another staff member said, "I discuss training needs in supervisions."

Staff had received training in the Mental Capacity Act, 2005 (MCA). 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. The Staff showed an understanding of the legislation with regards to mental capacity. Before providing care, they sought verbal consent care from people and gave them time to respond. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. People and their families told us they had been involved in discussions about care planning and we saw people had signed their care plans agreeing to the care the agency intended to provide.

People told us that staff sought their consent before providing care. One person said, "Yes, we talk our way through it." A staff member told us, "Always ask for consent. If they say no I would record that they refused care. They have a right to say no."

People were supported at mealtimes to access food and drink of their choice. One family member told us, "They will get her a cup of tea, dinner or breakfast". A staff member said, "For meals I ask what they would like, I usually give them a choice of three options and then they can chose." The support people received, varied depending on their individual circumstances. Some people lived with family members who prepared meals. In other cases, staff members reheated ready prepared meals. Care plans contained information about any special diets people required and about some specific food preferences. However, additional information, about people's likes and dislikes, would help staff support people who had difficulty making a decision. We spoke to the manager who agreed to seek more information on people's food preferences and this to their care records.

People were supported to access healthcare services. Staff told us they would always inform the office to keep them updated about any changes in people's health. If any health professional had visited, staff told us they would call the office to let them know. This meant the next staff member was aware of the person's current health needs and any action needed. One staff member said, "Any health concerns, if an emergency call 999. Any bruises or marks I would inform the office and record."

The service have introduced a medications officer who was responsible for monitoring and managing people who received support with their medicines. Part of their role was to liaise with doctors and district nurses to minimise risk and discuss any health concerns. They told us, "I keep in contact with the GP and pharmacist." They showed us how they were updating care plans and risk assessments for people who were living with diabetes. They told us they had arranged a meeting with a service user who was an insulin diabetic and their doctor next week to discuss their condition and how this might be better managed.

## Is the service caring?

### Our findings

People felt staff treated them with kindness and compassion in their day-to-day care. One person told us, "It's like extra daughters. They are very friendly, they get on with the job, they chatter and we laugh." Another person said, "They are wonderful. They are really worth their weight in gold. I am very satisfied. They do all kinds of little things, like tops of jars." Other comments included, "Very lovely." As well as, "Couldn't wish for anything better." A family member told us, "They are really cheerful and make mum laugh. If mum's not feeling well they know not to be so full on and loud." Another family member said, "I know he definitely likes his morning carer, because he tells us, and he is always smiling."

People experienced care from staff who understood the importance of respecting people's privacy, and dignity when supporting them with personal care. One person told us, "They treat me with privacy and dignity can't complain about anything." Another person said, "They come in and the first thing they do is pull the curtains beforehand, and shut the door." Staff ensured doors were closed and people were covered when they were delivering personal care. A staff member told us, "If providing personal care I make sure the curtains and door are closed and cover the person with a towel. Making sure they feel respected".

However a family member told us, "Some of the younger ones talk to her like she's a kid." When we asked for an example they said they call her, "Babe." They did inform us the rest of the staff "are brilliant, really good." Another family member, said, a staff member called their family member, "honey" and us "mate." "She's well-meaning and good with mum." We passed on our concerns to management, who informed us they would address our concerns.

People were encouraged to be as independent as possible. One person told us, "I do most of the washing myself, but I need help with the bit's I can't reach." Care staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely. A staff member told us, "One lady had a stroke so can only wash one side, so they wash one side and we wash the other side to promote independence."

People told us they were involved in planning their care and care records showed evidence of this, as people had signed to confirm they had agreed with the amount and type of support they were provided with. Care plans provided information about how people wished to receive care and support. One person told us they were, "Very happy with the care."

The importance of protecting people's information formed a key part of induction training for all care staff. Confidential information, such as care records, was kept securely within the registered manager's office and only accessed by staff authorised to view it. Any information which was kept on the computer was also secure and password protected. Daily records were collected monthly and stored securely in the relevant care files.

## Is the service responsive?

### Our findings

People received individualised care which met their needs. People and their families told us staff knew them well and understood their care needs. One person said, "They do very well, because they have been coming for quite a while now." A family member said, "Yes, they are very good with her. No complaints at all."

People received care that had been assessed to meet their specific needs. Most care plans provided information about how people wished to receive care and support. Staff confirmed the care plans provided all the information they needed to support people appropriately and enable them to respond to people's needs. Copies of care plans were seen in people's homes, allowing staff to check any information whilst providing care. These identified key areas of needs, such as, personal care, daily living activities and health issues. For example, one person's care plans stated that they would like staff to ensure they had their pillow behind their back when sat in their wheelchair and staff to cover them with their blanket. There was also detailed guidance for staff on how to use the hoist for a person who needed assistance to be moved into bed and into their chair. The medication officer was in the process of meeting with people and health professionals to ensure they had all the information needed to support people with their diabetes management. We saw copies of records that had been completed and these provided clear guidelines for staff to follow should they have any concerns. In the meantime all staff had been supplied with information on diabetes which included causes and symptoms as well as danger signs for staff to be aware of.

The care plans were updated regularly to ensure a true reflection of the person's current needs. The care plans provided comprehensive guidance to staff about the person, and provided them with clear instructions on how to manage specific situations. One staff member told us, "Care plans have recently been updated. I think the care plans are good as they are clearly laid out what they would like to be done."

The provider sought feedback from people or their families through the use of a quality assurance survey. This was sent out twice a year seeking their views. We saw the results from the latest questionnaire, which had been completed in March 2017. The results were mostly positive and showed a big improvement from the last survey in September 2016. Any concerns that had been raised were actioned and followed up. Comments included, 'I am very happy with the service I am getting', 'I am well looked after and I am completely satisfied.' As well as, 'the service has been better lately, the carers are coming more on time.'

Staff knew how to deal with any complaints or concerns according to the service's policy. Information about how to make a complaint was included in the service user guide provided to each person. The provider had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated. There had been a few complaints about the service over the last year which had been investigated and people and their families were mostly satisfied with their response.

## Is the service well-led?

### Our findings

The provider had not submitted notifications when required about incidents that had taken place within the service. A notification is information about important events which the service is required to send us by law. A person had fallen, causing a serious injury. We also identified five incidents where the local safeguarding authority had instigated an enquiry in respect of an allegation of suspected abuse by the provider. The provider had failed to notify the commission of these incidents.

Failure to notify the Commission of these incidents was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People and their family members expressed mixed views regarding how well led they felt the service was. Several people raised concerns about the difficulty they had contacting the office out of office hours. One person told us, "I have never been able to get hold of them. I have tried once or twice. I have left messages and they don't get back to me. After 6 o'clock I don't seem to be able to get hold of them". Another person said, "I rang them this weekend and left a message and the problem solved itself. I keep meaning to ask for the more up to date phone number. No one got back to me."

There was a whistle blowing policy in place and staff were aware of it. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. However, the provider did not have a duty of candour policy in place to help ensure staff acted in an open way when things went wrong. The registered manager informed us they were aware of the need to have a policy in place and were in the process of developing a suitable policy.

There was a clear management structure, which consisted of the registered manager, manager, deputy manager, three care coordinators, three senior staff, and one administrator who supported the staff. Staff understood the role each person played within this structure. The management team encouraged staff and people to raise issues of concern with them, which they acted upon. The registered manager told us, "It's a clear open door policy we all work together. Staff can speak to anyone as there are three levels of management."

The management team promoted a positive culture. Staff said the management were approachable and they were always made welcome at the office. One staff member told us, "Management are very supportive they are behind staff 100%. I've never had any problems." Another staff member said, "This company has definitely got better than when I first started. People have listened, things have been done and people have noticed improvements." Other comments included, "Management are very good you can approach any of them." As well as, "They've come a long way, which makes us happier as carers, as we have got regular clients."

The registered manager used a system of audits to monitor and assess the quality of the service provided. These included auditing medicines, care plans, complaints, safeguarding, training, recruitment, training and health and safety. Where issues were identified remedial action had usually been taken to address the

shortfall. For example the manager told us that recruiting staff to work at the agency was a challenge as a large number of applicants did not drive. The service was actively promoting the 'Wheels to Work Scheme', offering staff that did not have cars the opportunity to rent one. They said, "Staff can hire a car which includes all the upkeep and insurance and staff can use this for their personal use as well."

There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

Office and management staff meetings were held regularly, but could happen more frequently if something needed to be discussed with staff. Care staff told us they had no formal staff meetings but felt supported by management and were updated about the service. One staff member told us, "Staff meetings we have not had for a while and there are not as many as there should be." We spoke to the manager who told us, "We try to have staff meetings regularly, and try to get all the staff in." They informed us further meetings were planned in for the rest of the year.

The registered manager informed us they kept up to date with best practice developments by attending training, by reading publications on line and via support from provider forums arranged through the local council. They are also a member of the United Kingdom Homecare Council Association, which kept providers updated on the latest practice by regular newsletters and emails.

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 18 Registration Regulations 2009 Notifications of other incidents  The registered person did not notify us of incidents involving the people who used the service.