

# Apex Companions Limited

# Portsmouth

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Requires Improvement</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

This inspection took place on 26 and 27 January 2016. The inspection was announced.

Portsmouth, Apex Companions Limited, provides personal care services to people in their own homes. They provide services to older people and people living with dementia. At the time of our inspection there were 180 people receiving personal care from the service. There were 70 care staff, one senior co-ordinator and two co-ordinators who planned people's care. There were three senior care staff, one deputy manager who was on maternity leave, one administrator and 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.

People's care visits were sometimes provided later than planned because travel time was not allocated. People felt safe and had regular care staff who met their needs. However, people may not always be receiving a safe service if certain aspects of their care were not provided at specific times, such as medicines, personal care and preparing meals.

People were not always supported to eat and drink at the times they requested and this could have an effect on their well-being.

The registered manager and staff demonstrated a good understanding of the Mental Capacity Act 2005 but did not always put this understanding into practice. We have made a recommendation for the provider to review the Mental Capacity Act 2005 and its subsequent codes of practice.

Feedback was sought and individually responded to. However the overall results were not analysed or evaluated to help improve service delivery. Audits were not completed or evaluated to help improve practice. Recording systems were duplicated and caused confusion on what was the most up to date information. Notifications had not been sent to the Commission for all four safeguarding concerns received by the service.

Staff received an induction programme and regular on-going training. Staff felt supported but did not always receive regular supervision in line with the provider's policy. However, people and their relatives said they received care from regular staff and felt they were well matched with care staff and they had the skills and knowledge to carry out their roles effectively.

People were supported to maintain good health and access on-going healthcare support.

Risk assessments were completed of the environment and any manual handling equipment that would be

used to support people with their care safely. Safe recruitment practices were followed.

People and their relatives were positive about the care and support received from care staff and the office staff. People were involved in their care and made decisions about their care. People's independence, privacy and dignity was respected and promoted.

People's needs were regularly assessed and reviewed. People's care plans were personalised and individual, detailing how people like to receive their care. People were involved in their care planning and confirmed they had control over their care planning.

People and their relatives raised concerns with the service and felt these concerns were dealt with. People and their relatives we spoke to said they had never made a complaint but felt confident to raise one and that this would be dealt with. Complaints which had been received had been dealt with, responded to and actioned where required.

There was a registered manager and they demonstrated a good understanding of the service. There was a mixed response from people about the management and leadership of the service.

Staff felt supported by the registered manager. Staff were supported to question practice and were confident that concerns would be dealt with by management. Staff demonstrated an understanding of what to do if they felt their concerns were not listened to by management.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found a breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

People's care visits were sometimes provided later than planned because travel time was not allocated. People felt safe; however people may not always be receiving a safe service because certain aspects of their care were not provided at specific times.

Risk assessments were completed of the environment and any manual handling equipment that would be used to support people with their care safely.

Safe recruitment practices were followed and there were clear procedures for supporting people with their medicines.

### Is the service effective?

**Requires Improvement** 

The service was not always effective.

The registered manager and staff demonstrated a good understanding of the Mental Capacity Act 2005 but did not always put this understanding into practice.

People were not always supported to eat and drink at the times they requested and this could have an effect on their well-being.

Staff felt supported but did not always receive regular supervision in line with the provider's policy. Staff received an induction programme and regular on-going training.

People received care from regular staff, felt they were well matched with care staff and care staff had the skills and knowledge to carry out their roles effectively.

People were supported to maintain good health and access on-going healthcare support.

### Is the service caring?

**Good** 

The service was caring.

People and their relatives were positive about the care and

support received from care staff and the office staff. People were involved in their care and made decisions about their care. People's independence, privacy and dignity was respected and promoted.

Compliments had been received by people and their relatives in the form of thank you cards to the office.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were regularly assessed and reviewed. People's care plans were personalised and individual, detailing how people like to receive their care. People were involved in their care planning and confirmed they had control over their care planning.

People and their relatives had raised concerns with the service and felt these concerns were dealt with. People and their relatives said they had never made a complaint but felt confident to raise one and that this would be dealt with. Complaints which had been received had been dealt with, responded to and actioned where required.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led

Feedback was sought and individually responded to. However, the overall results were not analysed or evaluated to help improve service delivery.

Audits were not completed or evaluated to help improve practice. Recording systems were duplicated and caused confusion.

Notifications had not been sent to the Commission for four safeguarding concerns received.

The registered manager demonstrated a good understanding of the service. There was a mixed response from people about the management and leadership of the service. Staff felt supported by the registered manager and they were supported to question practice.

# Portsmouth

## 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 26 and 27 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of three inspectors.

Before the inspection we reviewed previous inspection reports, safeguarding records and other information received about the service. We checked if notifications had been sent to us by the service. A notification is information about important events which the provider is required to tell us about by law. We spoke with the Local Authority safeguarding and commissioning teams. This inspection was brought forward as a result of receiving some concerning information about the service.

During the inspection we spoke with 15 people who used the service and six relatives. We also spoke with six care staff, one senior care worker, one co-ordinator, the senior co-ordinator and the registered manager.

We reviewed a range of records about people's care and how the service was managed. We looked at plans of care for 15 people which included specific records relating to people's capacity, health, choices, medicines and risk assessments. We looked at daily reports of care, incident and safeguarding logs, compliments, complaints, service quality feedback forms, audits and minutes of meetings. We looked at the training plan for 78 staff members and recruitment, supervision, appraisal and training records for 10 staff members. We were sent a copy of the service transitional plan as a result of the provider purchasing additional care staff and people from another care company in November 2015.

We asked the provider to send us information after the visit. We requested copies of their policies and procedures and training plan. This information was received.

# Is the service safe?

## Our findings

People said they felt safe when they received personal care. Relatives confirmed this. One relative said, "Oh they're marvellous. My [relative] loves to see them come." One person said, "I feel very safe they're very good at it (their job)." People and their relatives felt confident to raise concerns if they or their relative felt they were not safe. One relative said, "Yes I think she feels safe. I would raise concerns if I had any."

Prior to the inspection we had received information of concern informing us that staff did not always arrive to people on time and did not meet their needs. We were told staff were regularly turning up late and as a result people would not always get their full duration of care visit or their relative had to "step in". One person told us, "My time of visit should be between 9.00 am and 10.00 am; however carers are not arriving until 11.30 am or even 12.00 pm." This person stated that this had a negative effect on their care regarding personal care and medicines. This person also stated they allowed the care worker to leave before the care call had been completed, even though they had been late to their care call. This person said the only reason they did this was because they were aware of the "knock on" effect a late call would have on the next person. Another person's relative told us that on seven separate occasions between 22 December 2015 and 10 January 2016 no care worker had turned up.

At this inspection the registered manager confirmed they'd had some staffing issues particularly during the month of December 2015 due to purchasing another care company in November 2015 and transferring a large number of people and staff over to this service. The registered manager said this had affected people's call times but had not resulted in any missed visits. The registered manager said that these issues had now been resolved.

At the time of the inspection people we spoke with said they received care from regular care staff who knew them well and confirmed they had not experienced any missed calls. However, people told us staff were still arriving late to their care calls, but they were receiving their full time. One person said, "No there's been no missed visits. If they're going to be very late I phone and they say they're on their way. I get my full allocated time." Another said of staff lateness, "Occasionally, but I phone the office if they are late. They don't usually miss me out completely."

Staff said there were mostly enough staff on shift, however we received comments from staff such as, "We need more staff at the weekend", "We could always do with more staff." Staff confirmed they were often late to people because they did not receive any travel time between their calls. Care worker schedules confirmed this. The registered manager said all of the care worker calls were located in the same area or in the same block of flats.

We looked at care worker schedules and found although care staff were working in the same post code area on each shift, there were a number of occasions where care staff would have taken a minimum of five minutes to get to the next call on their schedule. This meant care staff were already late for their next care call, which would have a knock on effect to each person they were scheduled to see that day. The registered manager said they would look into this. This meant although people felt safe and had regular care staff who

met their needs, people may not always be receiving a safe service if certain aspects of their care were not provided at specific times, such as medicines, personal care and preparing meals.

A failure to design care and treatment with a view to achieving people's preferences and ensuring their needs are met is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected against the risks of potential abuse. Staff knew how to keep people safe from harm and could recognise signs and symptoms of potential abuse which included recognising unexplained bruising and marks or a change in behaviour. Staff said they would report any concerns to the registered manager and were confident to inform other appropriate professionals if they felt the manager did not deal with the concerns appropriately. One staff member said, "If I had any concerns I would inform my manager. If I felt nothing was done I would report the concern to social services and the CQC." The registered manager said staff received training in safeguarding during their induction programme and received yearly updates. Staff confirmed they had received ongoing training in safeguarding and the training plan confirmed this.

Risk assessments were completed for people which identified risks to their environment and highlighted if manual handling equipment was required. Bath and shower risk assessments were completed for people who required support with bathing or showering. The risk assessments identified the safe procedures to follow when supporting people with bathing or showering. For example, one person's shower risk assessment completed on 19 January 2016 said, "Mop up any spilt excess water, talcum powder that could be a slipping hazard." Risk management plans were implemented for people who required support with manual handling equipment and staff were supported to stay safe when supporting people with the equipment. For example, one person's manual handling assessment identified their environment was cluttered with objects. This person required the use of mobility equipment to help them be supported with personal care and mobilise throughout their home. This person's risk assessment showed that control measures had been put into place to keep the person and staff members safe whilst personal care was being carried out.

The registered manager said all staff received manual handling training during their induction programme and received yearly updates. Staff confirmed they had received manual handling training and were confident with identifying risks associated with their roles and responsibilities. One staff member said, "If anything changes or the person deteriorates I contact the office as they may need equipment." The training planner confirmed all staff had received manual handling training in the past year. One person who required the use of manual handling equipment said, "I like the way they handle me when they roll me on the bed- if they're used to me they do it well." Another said, "I can't walk. I have a rotunda and walking frame. Yes I do feel safe."

Safe recruitment practices were followed. We looked at ten recruitment files for staff and saw the appropriate steps had been taken to ensure staff were suitable to work with people. All necessary checks, such as Disclosure and Barring Service checks (DBS), work references and fitness to work had been undertaken. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff received training in medicines at their induction and most of them received a yearly update. Staff confirmed they received updated medicines training, however the training planner showed seven out of 78 staff had not received an update in medicines training in line with the provider's policy. The providers medicines policy dated April 2015 stated, "All Apex care workers will attend an annual medication management training course." Staff did not undertake medicines competency assessments however, staff



were observed and tested on medicines when a spot check of their work was carried out.

There were clear procedures for supporting people with their medicines. Staff had no concerns about how people's medicines were managed and they demonstrated a good understanding of the provider's medicines policy. The provider's medicines policy dated April 2015 stated, "Care Workers should only administer medication from the original container / dosset box which has been dispensed and labelled by a pharmacist/ dispensing GP and as detailed in the service user plan. The registered manager confirmed people were supported with medicines from a dosset box or a pharmacy prescribed box. Staff members also confirmed this. A dosset box is a monitored dosage system which provides people with a separate compartment for each dosage time of the day. Records were kept of the support people required and received with their medicines and their medicines charts were completed. Gaps were not present on people's completed medicines charts.

Most people said they or their relative managed their medicines. Those people who required support from care staff with their medicines did not have any concerns with the support they received. One relative said they had to crush the medicines for their relative and then mix them with yoghurt. They stated the doctor had been informed and had confirmed this practice. The registered manager said they were aware of this concern and confirmed that staff were not supporting this person with their medicines. However the registered manager was taking the appropriate action to ensure that if staff supported this person with their medicines covertly this was in line with the provider's policy and the Mental Capacity Act 2005 and its relevant code of practice.

## Is the service effective?

### Our findings

People and their relatives said they received care from regular staff and felt they were well matched with care staff and they had the skills and knowledge to carry out their roles effectively. One person said, "They know what they're doing. They are very good. Yes I like them. They're all good." Another person said, "Yes they all know what they're doing. The new ones are quite good it's amazing. We have a laugh." One relative said, "The experienced one takes the lead and shows the new member of staff what to do."

The registered manager and staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) but did not always put this understanding into practice. The Act provides a legal framework for acting on behalf of people who lack capacity to make decisions. For example, the registered manager and staff were able to tell us when a person's capacity should be assessed and the processes to follow if they believed that a person lacked capacity to make a decision. However we viewed 15 people's care records and noted that a mental capacity assessment was present in each file. The registered manager said that the provider had made it standard practice for all locations to complete a mental capacity assessment for people to help evidence that people had the capacity to make a decision about their care. However, two people's mental capacity assessments assessed them as having capacity but in apparent contradiction included the statement, "Staff to speak with the family for all decisions." We recommend the registered manager review the Mental Capacity Act 2005 and its relevant codes of practice.

People and their relatives did not express any concerns about nutrition or hydration. People did not require specialised support with food and fluids; however processes were in place if this was required. Those that required support with meals and drinks were supported by care staff to have sufficient food and fluids. Care staff said they made sure people had drinks left for them. People's care plans highlighted the support they required with food or drink such as, "Carers are to ask me if I would like a cooked meal or a snack. Carers are to prepare my food for me and check it is cooked properly" and "I would like my carer to make me a cup of coffee. I like my coffee with one brown sugar and milk. People who were supported with their meals confirmed they were given a choice. However, people did not always receive their meals on time due to staff lateness. Relatives confirmed they'd had to "step in" on occasions when care staff were running very late. One said, "The timing is not brilliant. Sometimes we have to wait until 6 o'clock. They're (staff) meant to be here at 4:15. I get it (tea) for [relative] if they are late though. It's okay when I'm here. If I wasn't here [relative] wouldn't get their tea. This meant that people who required support with their meals and drinks might be at risk of dehydration or malnutrition because they did not always receive this support at the time they requested.

A failure to have regard to the person's well-being when meeting their nutritional and hydration needs is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff did not always receive a supervision or appraisal in line with the provider's policy. However all staff said they felt well supported, attended regular team meetings and could speak with the registered manager at any time. One said, "I feel very supported by [name] and [name], They always ask how we are and I know I can go to them at any time." The registered manager confirmed they had fallen behind with staff

supervisions and appraisals, but stated they would meet or communicate regularly with staff on an informal basis. The registered manager said they would have a new deputy manager starting shortly and this would help them to formalise the supervision and appraisal process for staff. Records confirmed a staff team meeting took place between staff and management to discuss changes and people's needs. Records showed that a team meeting had taken place with staff who had transferred over from their previous care company. Staff who had transferred to this service from their previous care company could not speak more highly of the service, they all felt well supported and said they enjoyed working for this service. This meant that although the registered manager did not always provide supervisions and appraisals in accordance with the providers supervision policy staff felt supported and were kept up to date on changes to the service and people's needs.

Staff confirmed they received an induction programme when starting work for the service which included shadowing experienced staff members. Staff records contained induction certificates which detailed the training given as part of the induction programme. This included Safeguarding, Mental Capacity, Medicines, Manual Handling, Infection Control, Food Hygiene and Health and Safety. The registered manager said the induction programme currently followed the Skills for Care Common Induction Standards. Skills for Care Common Induction Standards were the standards people working in adult social care need to meet before they can safely work unsupervised. The registered manager said staff who had transferred over from the previous care company had started working on the Care Certificate which has replaced the Common Induction Standards. The registered manager confirmed they would be introducing the Care Certificate into their induction and training programmes for all staff. They showed us a PowerPoint presentation about the Care Certificate which had been discussed at their recent regional meeting. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

There was a training plan in place which assisted the registered manager to identify which staff required updated training. Staff training was overseen by the provider's head office and the Human Resources (HR) department would regularly email the registered manager and senior co-ordinator to inform them which staff required updated training. The training plan showed most staff had received training or refresher training in the past 12 months on Safeguarding, Mental Capacity, Medicines, Manual Handling, Infection Control, Fire Safety, First Aid and Food Hygiene. The training plan also identified additional training which some staff had completed such as, Dementia, Parkinson's, Stoma and Stroke awareness. Staff confirmed they had received regular training updates and felt the training provided had equipped them to support people effectively. One staff member said, "I feel I have the appropriate training and support and I was asked if I wanted additional training." Another said, "I feel I have enough training and support to do my job well." People confirmed they felt staff were skilled in their work and did not have any concerns.

For those people who required support to access healthcare services care staff would contact the office or family member and advise of any concerns and whether a health care professional would need to be contacted. Care staff said they monitored people's health and wellbeing when they were supporting them with their personal care.

## Is the service caring?

### Our findings

People and their relatives were positive about the care and support received from staff. We received comments such as, "Nice pleasant carers", "I'm very happy with them" and "The best thing is I need them to help me and I couldn't do it without them." Office staff were polite, courteous and respectful to people when speaking with them on the phone and people confirmed this. One person said, "Oh yes all of them do [speak in a respectful manner]. I've never had any trouble. They chat if they've got time."

Compliments had been received by people and their relatives in the form of thank you cards. Compliments received included relatives informing the service that a care worker had delivered a very high standard of care to thanking staff for their help. One compliment card said, "I would like to give [name] a very special thank you, as [they] were very special to [relative]. [They] are a model carer." Another said, "Thank you ever so much for juggling everything so that [name] could stay the weekend. [Name] was brilliant. Really appreciated all your hard work."

People felt involved in their care and felt they made decisions about their care. People had signed their care plans to indicate they consented to their care. One relative said, "Yes they ask how [relative] wants care done." Where relatives were involved in decisions about the person's care, this was with the consent of the person. One person said, "I was involved when they first did it [put care plan together] and my daughter was also involved." The registered manager said people were always involved in their care and the development of their plan of care. People confirmed they were consulted by the managers or senior care staff as to their on-going care needs.

Care staff said they promoted people's independence by encouraging and supporting them to complete some personal care tasks they were able to do. For example, one staff member said, "Encourage service users to do what they can for themselves and recognise when they have made an achievement." People and their relatives confirmed staff supported them or their relatives to be as independent as possible. One person said, "I am independent and they give me time to dress myself." Another said, "They're very good at letting me do what I can for myself." One relative said, "[relative] can do the basics and they allow [them] to do as much as [they] can for [themselves]." People's care plans described what people were able to do for themselves and what care staff were required to support people with. For example, one person's care plan said, "I will try to dry my top half but may need assistance."

People's privacy and dignity was respected and promoted. Staff gave us good examples of how they respected people's privacy and dignity when supporting them with personal care. One said, keep curtains closed and door shut when washing. Don't talk about service users to other people." People told us they felt care staff respected their privacy and dignity at all times. One person said, "Oh yes they leave me alone for some bits of care. They let me do stuff for myself." Another said, "Oh yes when they're washing me they put a towel to protect my modesty." Relatives also confirmed that care staff ensured their relative's privacy and dignity was respected at all times. One said, "They're very good, [relative] likes them. They give them privacy. They tell [them] before they do it so that prepares [relative]. They pull the curtains and shut the doors etc. They wait outside the toilet."

## Is the service responsive?

### Our findings

People's needs were regularly assessed and reviewed by the senior care worker's or co-ordinators. Relatives were involved in the assessment of people's needs if the person requested their involvement and attendance when the assessment was being completed. One relative said, "It was reviewed about a month ago with me and [relative]."

Before the inspection we received some information of concern informing us that people's care plans were basic and did not contain sufficient details to support people appropriately and meet their needs. The registered manager confirmed people who had recently been transferred from their previous care company were currently undergoing a review of their care needs. The registered manager showed us a document which contained an action plan of how the service planned to manage the transition for people who had transferred from the previous care company. The document indicated that 30% of people's care plans had been reviewed and identified the process of how the service was going to continue to ensure these people's care plans were updated. The registered manager confirmed the staffing levels in the office had improved and there were a sufficient number of senior care staff available to complete people's care assessments, plans and reviews in a timely manner. A senior care worker confirmed this.

People had individual care folders which contained a care plan, review pack; care needs assessment, risk assessments and completed daily logs. People's care plans were personalised and very detailed. People's care plans included their likes and dislikes, personal histories such as medical conditions, strengths, cultural needs and how they would like their support. For example, people's care plans detailed how the person liked to have their support at each visit and detailed what the person liked to do for their self and what support they required from the care staff.

People were involved in their care planning, confirmed they had a care plan and had choice and control over their care planning. The registered manager said they always tried to seek the views of people when completing a care plan and this was on-going through the care process. People living with dementia were involved in their care planning as the registered manager confirmed they were able to understand the care planning process. Care staff confirmed there was always a care plan available in the person's home and people were always involved in the planning of their care, which sometimes included their relatives. One person said, "I've got a blue folder. They write it all down. They take it to have a look. They asked my opinions. They asked me questions."

The registered manager confirmed a person's care plan would be reviewed at six weeks, six months and then annually from the date they commenced care with the service, or as and when the need arose. We viewed 15 people's care records, which included four people who had transferred from the previous care company. All care plans had been reviewed and updated in line with the provider's policy. People and care staff confirmed care plans were updated regularly and they were informed of any changes.

Prior to the inspection we received a complaint on 11 January 2016 about the service regarding a relative's poor care. At this inspection we viewed the service complaints folder and records showed five complaints

had been received in the past 12 months which included the complaint the Commission had received on 11 January 2016. Records showed all complaints had been recorded and responded to in a timely manner with four records showing updates and outcomes. These four complaints had been resolved. The complaint which was received on the 11 January 2016 was still being investigated.

People were given a copy of the provider's complaints policy which told them how to make a complaint. Staff confirmed people were encouraged to raise concerns and complaints. One said, "I've never had anyone want to make a complaint, but if they did I would give them a copy of the complaints form which is in the back of every folder and suggest that the service user fill it out, or ask one of their family members to do it for them. I feel they would be listened to. The staff in the office are really helpful, especially [name]."

People and their relatives we spoke to said they had never made a formal complaint but felt confident to raise a formal complaint and that this would be dealt with. One relative said "No [to not making a complaint] I voice concerns and they are acted upon now." However, people and their relatives said they had contacted the office and raised concerns about staff performance and lateness of calls. One person said, "I've no real complaints. If they've been late and I ring up, the lady I contact is quite good." This informal process was in line with the provider's complaint's policy version 8 to be reviewed in April 2016, which stated, "If you want to raise with us a relatively minor matter informally that can be resolved quickly and "on the spot" with a care worker or the manager, then please do so." The registered manager said day to day concerns were logged on the note section of their computer database; however the registered manager did acknowledge that this system was not always useful in helping them to identify and ensure concerns were dealt with in a responsive way. They said they were reviewing this process.

## Is the service well-led?

### Our findings

We asked people and their relatives on their views about the management and leadership of the service and we received a mixed response. We received some positive comments such as, "It seems to be well run", "They are approachable" and "I like the manager." However we received other comments such as, "Well I sometimes think I could do a better job. I think they keep altering the [carers] day too much", "Not too good" and "They're not very good."

Some quality assurance systems were in place to monitor the quality of service being delivered and the running of the service, such as quality assurance surveys, complaints and safeguarding logs. 67 questionnaires were sent to people in August 2015 and 21 questionnaires had been completed and returned. Results were collated and records showed that any concerns which had been identified were responded to and dealt with on an individual basis. However the overall results were not analysed or evaluated to help improve service delivery. This is evident by the on-going issues of late calls that are still apparent in the service. The overall results of the questionnaire showed only two people confirmed that staff had arrived on time for their visits. This meant staff did not reportedly arrive on time to 19 people.

Internal audits of daily logs were carried out by staff which identified if there were any omissions. Documents showed that where omissions were found actions were taken to rectify them. Only two incidents and accidents had been recorded in the last 12 months. However there were no systems in place to monitor previous incidents and accidents to minimise reoccurrence. Systems were not in place to monitor whether people's care plans had been updated, whether medicine charts were completed correctly and whether staff supervisions were taking place in line with the provider's policy. The registered manager did not have a system in place to have this information directly available.

Records did not always match and were not always kept updated. Accidents and incidents were reported. However, there were a number of reporting systems in place which caused confusion and made it difficult for the registered manager to monitor and review the total number of incidents and accidents that were being reported. Staff confirmed they would contact the office regularly and inform them a person had fallen or required medical attention. Staff and the registered manager confirmed these reports were mostly recorded on the person's note section of the computer database and not on a separate form. The providers accident reporting procedure dated May 2015 stated, "All accidents, incidents and work-related ill-health must be recorded in the accident book at head office or recorded on an accident / incident form." This meant staff did not always follow the provider's procedure.

We viewed seven people's notes from the computer database and found one documented report that a person had fallen on 26 July 2014 and there was no further update of the action taken by the provider as a result of the fall and no further documentation to say whether this person had fallen again or what action had been taken to prevent or minimise re occurrence. There were two accident/incident forms in the accident/incident folder. One incident dated 24 January 2016 included details of the incident, the action taken and the outcome. The incident dated 25 January 2016 detailed the incident; however the action taken was completed on the person's notes on the computer database.



A failure to act on feedback and have effective systems and processes in place, such as regular audits, for the purpose of continually evaluating and improving services is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A record of staff supervisions were also recorded on the staff notes section of the computer database. However, the dates of completion were unclear and did not always match the records that were received by head office. The registered manager said they were aware that the duplication of information was making it difficult for them to monitor staff performance and service delivery and they confirmed that they would review their processes.

Notifications had not been sent to the Commission. Records showed four safeguarding concerns had been received by the service. These had been dealt with in line with the provider's policy. However, the Commission had not been notified of these concerns.

The failure to notify the Commission of any abuse or allegation of abuse in relation to a service user is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009

There was a registered manager at the service, they were present at the time of inspection and demonstrated a good understanding of the service. The registered manager said they liked to be approachable to staff and people, keep communication open and felt as though they worked alongside staff to support them and make effective decisions about people. The registered manager was very open and honest during the inspection about the difficulties they had experienced as a result of purchasing a care company in November 2015. They had completed an action plan which would support them with the transfer of staff and people from the previous care company into their service. They felt that the recent concerns which had been raised to the Commission and the service were a direct result of the timing of the transfer, which was close to the service preparing staff schedules for the Christmas period. The registered manager welcomed feedback and looked at developing an action plan to assist them with making improvements to the service delivery.

Staff confirmed the office were very supportive and kept them updated on information about people and passed on positive feedback received. One staff member who had transferred from the previous care company said, "I am a lot happier at Apex originally I was not going to come over. [Manager] and [senior co-ordinator] have been amazing; I have never been able to speak to managers about how I feel before. If I have any problems here I can speak with them and get everything out in the open." Another staff member who had worked for this service for 12 years said, "I love working here. It has changed for the better since the current registered manager took over. [Name] is very supportive, open and honest and so willing to help."

Most people and staff had confidence the registered manager would listen to their concerns and the concerns would be received openly and dealt with appropriately. However two people felt that communication between the office staff and themselves could improve, One said, "They don't do anything about it when I leave a message." Staff felt supported to question practice, were confident that if they raised any concerns they would be dealt with by management and they demonstrated an understanding of what to do if they felt their concerns were not being listened to by management.



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 did not take formal enforcement action at this stage. 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  Failure to notify the Commission of any abuse or allegation of abuse in relation to a service user is a breach of Regulation 18(2)(e)
Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  Failure to having regard to the person's well-being when meeting their nutritional and hydration needs. Regulation 9 (3) (I)  Failure to design care or treatment with a view to achieving service users preferences and ensuring their needs are met. Regulation 9(3)(b)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  failure to act on feedback and have effective systems and processes in place, such as regular audits, for the purpose of continually evaluating and improving such services. Regulation 17 (2)(f)