

Apex Prime Care Ltd

# Apex Prime Care Poole

## Inspection report

Unit 7  
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Website: [www.apexprimecare.org](http://www.apexprimecare.org)

Date of inspection visit:  
13 May 2021  
18 May 2021

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## Ratings

|                                 |        |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe?            | Good ● |
| Is the service effective?       | Good ● |
| Is the service caring?          | Good ● |
| Is the service responsive?      | Good ● |
| Is the service well-led?        | Good ● |

# Summary of findings

## Overall summary

### About the service

Apex Prime Care Poole is a domiciliary care service providing personal care to people at home. Not everyone who uses the service receives personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. There were 75 people using the service at the time of the inspection.

### People's experience of using this service and what we found

People and relatives experienced good care. They said staff were kind, caring and patient, respected their privacy and did not rush them. People's care needs were individually assessed and planned for. Risk assessments and care plans were kept up to date. Staff understood people's needs and preferences.

People felt safe with the staff who supported them and had confidence in their skills. There were pre-employment checks to ensure staff were suitable to work in a care setting. The registered manager and staff understood their responsibilities for safeguarding people from abuse and avoidable harm. Where people needed support with their medicines, this was managed safely.

People and their loved ones reported that staff noticed changes in their health and supported them to get the appropriate healthcare. The service worked in partnership with health and social care professionals to help ensure the best possible outcomes for people.

People generally had a small team of regular staff. Staff were well supported through training, supervision and informal support from the office team. New staff went through an induction to ensure they had the skills required and felt comfortable with their role.

People and relatives told us care workers always wore clean personal protective equipment (PPE) and washed their hands regularly. PPE was readily available for staff, who were part of a regular coronavirus testing programme. Staff were familiar with current guidance about using PPE.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives were confident in the leadership of the service and valued the good communication. Staff spoke positively about their work and the way they were managed. The registered manager and staff understood their roles and responsibilities. Quality assurance processes were in operation, with action on any issues identified.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

This service was registered with us on 8 May 2019 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 12 April 2016.

#### Why we inspected

This was a planned inspection based on the date the service was registered with us.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Apex Prime Care Poole

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was undertaken by an inspector, two assistant inspectors 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be available to support the inspection.

Inspection activity started on 13 May 2021 and ended on 21 May 2021. We visited the office location on 13 and 18 May 2021.

#### What we did before inspection

We reviewed information we had received about the service since its registration. We sought feedback from the local authority. This information helps support our inspections. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with three people who used the service and ten relatives. We also spoke with 15 members of staff including the registered manager, office staff and care workers.

We reviewed a range of records. This included five people's care and medication records and five staff files in relation to recruitment, training and staff supervision. We also reviewed a variety of records relating to the management of the service.

#### After the inspection

We obtained feedback from two health and social care professionals.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said they or their loved one felt safe with their care workers. People said they felt safe because even if staff were running a bit late, they always knew they would come, and the care provided by them was excellent. Comments included: "I feel safe and comfortable with the carers", "[Person] feels safe with them" and "[Person] feels safe and supported and so do I."
- Staff had received training on safeguarding adults. They understood their role in protecting people from abuse.
- The registered manager understood when and how to raise safeguarding concerns with the local authority.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There were individualised assessments of risks to people and to the staff supporting them, including environmental risks in people's homes. Risk assessments were kept under review and people's care plans were updated accordingly. They set out what staff needed to do to minimise the chance of harm occurring.
- A member of staff described the comprehensive information available to them about people they provide care for: "There is a personal summary, their medical history and then a bit on manual handling for hoists or stand aids and colours on slings and there is medical background and risk assessment for bath and showers or any risk within the home."
- The service had a contingency plan in event of circumstances that affected the safe running of the service, such as adverse weather or staff sickness.
- Staff reported accidents and near misses. A care worker told us, "If someone has an accident, I would phone an ambulance depending on what it is and then report it to the office and then record it all on PASS."
- There was a system for recording, reviewing and analysing accidents and incidents. This enabled the registered manager and provider to identify any emerging themes or trends.
- Learning was shared with staff as appropriate through communication updates, staff meetings and supervision meetings.

Staffing and recruitment

- People and relatives expressed confidence in the abilities of their care staff. Comments included: "They are good at their job, they support [person], they all give good care and are pleasant", "They are all equally good", "They are all well informed, they must be trained really well" and "They are capable and well informed. I have complete and utter trust in them."
- People generally had a small team of regular staff. They received rotas to show which staff would be coming to them and at what time. A person commented, "We all have a weekly rota. It can be by mobile or e-

mail or you can have a hard copy."

- There were enough staff to provide people's care. Staff confirmed care calls were usually long enough for them to provide the care required and that they were able to highlight any issues with this to the office: "I have enough time to do everything on notes [care plan]", "There was a couple calls I didn't feel there was enough time but I called the office and they sorted that out" and "A few times it's happened where you feel it's not enough time and you speak to office who speak to social services who get it sorted."
- Whilst staff were generally allocated reasonable travel time between appointments, staff said that on some rounds at certain times of day, this was sometimes not enough. Comments included: "Sometimes in rush hour they give us five minutes to get somewhere that takes twenty - you can't help the traffic can you" and "[Sometimes] you are pushed for travel time, they still try and fit in as much travel time as they can."
- Recruitment practices were safe. The relevant checks such as employment references, health screening and a Disclosure and Barring Service (DBS) check had been completed before staff supported people in their homes. The DBS checks candidates' suitability to work with people in a care setting.
- Staff received the necessary training to be able to work safely and effectively. They had refresher training at set intervals in core topics such as moving and handling, health and safety and food hygiene.

#### Using medicines safely

- Where the service supported people to take medicines, people received their medicines as prescribed and in ways they preferred. This included prescribed skin creams. Office staff checked to ensure medicines had been administered in accordance with the prescription and that this had been recorded properly.
- Care plans set out clearly any support people needed with obtaining and administering prescribed medicines and whether people, their families or care staff were responsible for this.
- Staff who handled medicines had completed safe management of medicines training and had their competencies checked regularly.
- Where people were prescribed medicines they only needed occasionally, there was guidance for staff to follow to ensure those medicines were administered safely.

#### Preventing and controlling infection

- All the people and relatives we spoke with said care workers always wore clean PPE and washed their hands regularly. A person told us, "They always wear PPE apron, gloves and mask at all times."
- Staff confirmed PPE was provided and was readily available for them to collect from the office. One care worker commented, "The office is always full of PPE."
- There was a regular coronavirus testing programme for staff. Three people mentioned that care staff had to have regular coronavirus tests.
- Staff had training in infection prevention and control and about COVID-19. Staff confirmed this had enabled them to feel confident about how to use PPE during the pandemic. Comments included: "We have hand-gel and we change our mask after every visit. We ensure we wipe down the surfaces too" and "Our weekly email tells us everything we need to know or to be aware of. We were previously wearing visors and arm sleeves so now we are just wearing the aprons, gloves and masks. We change our masks after every client."



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and relatives expressed satisfaction with the care they or their loved one received. Comments included: "The care is second to none. It is excellent", "They are really good with [person]" and "They got me through lockdown, don't know what I would have done without them. I always felt safe and that somebody cared". A relative explained how care and support from the service meant their loved one could stay at home, which is where they wanted to be.
- People had an assessment before they started receiving a service. This included their individual circumstances, what was important to them, and religious and cultural requirements, as well as the care and support they needed.
- Care plans were developed from these assessments. The registered manager and senior staff who wrote care plans had access to training and information about current good practice in social care.
- The service used a computerised care planning, recording and communication system. Information on the system was kept up to date and was readily available to staff. The system flagged up when care was delayed. Senior staff in the office monitored this and acted on any such prompts to ensure people received the care they needed.

Staff support: induction, training, skills and experience

- Staff were well supported through training, supervision and informal support from the office team.
- New staff went through an induction and were expected to attain the Care Certificate if they were new to care work. The Care Certificate represents a nationally accepted set of standards for workers in health and social care. Staff told us: "My induction consisted of the same training [as received during refresher training] and also listening to someone speak about the job and then shadowing someone until you feel comfortable to go out on your own. Because of the pandemic it was online and I guess it is not the same as physical hands-on training, so that should be better soon" and "My induction was like the annual refresher that you do... I shadowed as well at the beginning."
- Following on from this, staff had mandatory annual refresher training in essential topics such as moving and handling and health and safety. A member of staff told us, "During this pandemic we had an all-day session on Zoom, which was all of my training refresher updates and if I ever have anything I felt I wanted more of I would go into the office and ask but at the moment I am ok with everything... I think they touch on dementia and diabetes etc. but it is not mandatory and if you want further training you can ask for it and they would provide."
- Staff had supervision meetings every few months with a more senior member of staff to discuss their work and any training and development needs. Comments from staff included: "The team leaders come round and do our supervisions", "I have had a supervision three or four weeks ago as they have just started up

again [face to face]. Yep, we get good feedback and I am able to raise any issues if I have any. I have mine with [name] and she is just brilliant and I like her a lot. She is so approachable" and "Definitely helpful to me and I get feedback."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff assisted people to eat and drink, if their care plan specified this was required. Where appropriate, care plans set out people's dietary needs and preferences and what support people required from staff. Records confirmed people were supported in line with their care plans.
- Care plans highlighted any risks associated with eating and drinking, such as swallowing difficulties. If people had safe swallow plans from a speech and language therapist, this was referenced in the care plan and was available to staff.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and their loved ones reported that staff noticed changes in their health and supported them to get the appropriate healthcare. Comments included: "They don't hesitate to get in touch with your GP", "The carer is excellent. She picks up the slightest change in my mum and lets me know and deals with it as well" and "If anything needs doing, they see to it. They contact the GP or district nurse and then let me know."
- Care plans set out any support people needed with their health. Care records contained contact details for people's health and social care professionals.
- Professionals gave positive feedback about the service, saying the service communicated well with them, informing them promptly of any concerns or changes.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The registered manager and staff had training about the MCA. They understood people had the right to make their own decisions about their care unless they lacked the mental capacity to do so.
- People's care plans noted if they had a representative with the legal authority to make decisions about their care.
- People's or their representative's consent to their care plan was recorded in their care records.
- Where there were concerns about a person's ability to consent to their care and they had no legally authorised representative, the service assessed their mental capacity to consent to care. Where the person was found to lack capacity, the service recorded a best interests decision about how to provide the necessary care in the least restrictive way possible.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us staff were kind and caring. Comments included: "Sometimes they stay a little longer than they are supposed to. They stay and chat to me, it's lovely", "They are like a member of the family, I sit and wait for them to come, I look forward to it. They are very nice people" and "They treat everyone with dignity, and they respect me and my home each day when they come. I look forward to seeing them."
- People and relatives said staff were patient with them or their loved one, working at their pace. Comments included: "They only have to heat up the microwave meals, but they stay with [person] and don't rush" and "They never try to rush. [Person's] meals take her about an hour to eat and they feed her with patience and kindness."
- People and relatives valued the consistent support they received from staff. Comments included: "I have the same lady weekdays and I get on very well with her. She is attentive and caring we all love her as well", "I love them to bits... They are regular" and "It doesn't matter who comes, I know them all". A relative explained, "There is one carer plus me. I have learnt such a lot from her. She talks to [person] and if you have the same carer they get to know [person] and get to know their ways."
- People and relatives told us they felt consulted, involved in decisions and were kept up to date about their or their family member's care. A person commented, "They accept the fact that I have [condition] and they always ask if they are not sure." A relative said, "They communicate with her really well, she loves them."
- People's care plans set out clearly what was important to them, including protected characteristics such as religion where these were relevant.
- Staff were attentive to opportunities to link people and their relatives with sources of support and information they might find helpful. A relative told us, "Through them I am now on dementia page on Facebook and it has helped me a lot, they have done everything to support me as well as [person]."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy, dignity and independence. Care workers told us, "I am very respectful of people and go along with how about they want things done... and just be mindful of their dignity", "It depends on what we're doing but with personal care you ensure you're covering people up and shutting curtains and doors and being mindful if someone else is in the house" and "With clients that are independent, they do a lot of themselves and we let them guide us as to how they want things and what to give and apply and let them guide us... We encourage people to keep on doing what they can for themselves."
- People were asked at assessment whether they had preferences regarding staff of a particular gender

providing their personal care. Where people had such preferences, these were respected.

- Staff were conscious of their responsibility to keep people's information confidential. Their comments included: "It is so important that anything you discuss in the house with the client does not get discussed outside", "We have a confidentiality policy" and "You don't speak to family members about things, sometimes they're very much involved sometimes not. Once you build a rapport you get to know and if you don't know best to speak to office and double check with them."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives said they or their loved ones received the care they needed. Comments included: "They have got to know what I need and how I need it. They see to all my care needs" and "They [staff] all know the care needs."
- Relatives said staff kept them well informed about their loved one's care. They told us: "The communication is really good I know everything when it happens" and "They keep me in touch on a regular basis. I bought a white board and we leave messages for each other also they text me when anything - however small - changes or happens."
- With the person's consent, relatives had access to their care records online. Relatives explained: "All the information is put on the tablet [computer], and we can all have access to it" and "This is really helpful if you live a distance away. You can log on and see what has been done, how they are responding to various situations."
- Care plans were individualised, respectfully worded and contained enough detail for staff whilst remaining clear and concise. Staff told us the information was readily available to them via a secure app. For example, a member of staff commented, "They [senior staff] always say read them [care plans] whenever you can, they're always available... Everything we need to know is on our phones too. If I'm going somewhere new it's all on [name of computer system]."
- Care plans were reviewed regularly and whenever a person's circumstances changed. People and relatives were involved in this process. Their comments included: "She has a hard copy of her care plan and it is always filled in and up to date" and "I am involved with [person] in the care plan and annual review. If anything changes the review takes place before twelve months."

End of life care and support

- At the time of the inspection, the service was not supporting anyone who was anticipated to be near death. However, they had done so previously. A relative had complimented their dying family member's care: "Not only do they offer an extremely professional and caring service to [person] but they manage to do this with such a wonderful balance of humour, concern and respect for them whilst ensuring they are as comfortable as possible. [Person] is currently receiving end of life care and whilst this is extremely difficult for us all, their visits have become a highlight of our day."
- People were asked about their advance care wishes. The service worked with GPs and district nurses as necessary to provide end of life care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and set out clearly in their care plans. This included any impairments that could affect communication, how people preferred to communicate and the support they needed from staff with this.
- Documents could be provided for people in accessible formats, such as large print.

Improving care quality in response to complaints or concerns

- No-one we spoke with had experienced how the service handled formal complaints. However, a person told us how they found it easy to approach the office staff with any concerns: "If I have to ring the office, they always sort it out for me whatever it is."
- The service used the provider's complaints policy. People were provided with details of how to raise complaints and concerns in their information pack from the service.
- Complaints were investigated and addressed promptly and openly. Complainants were invited to give feedback on their satisfaction with this process.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were confident in the leadership of the service, praising their contact with care workers and office staff. Comments included: "[Care staff] are happy in their work", "[Name of office worker], I think they are in charge, is outstanding", "They are all nice people there [at the office]" and "Of course you have your favourites, but it doesn't matter, they all give good care and are really friendly and pleasant."
- Staff spoke positively about their work and the way they were managed. Comments included: "It's the best company I have worked for personally. I have known a few people in the office, and they are very understanding", "I really like it. We are really supported by the office and the team and if you have a problem it's nearly always resolved", "They [office staff] have been great and I can be confident they will always help me when I phone up" and "It is a good crew. Lovely care staff and the clients are good, and we are a good team together."
- The registered manager kept an eye on staff morale, recognising the challenges the pandemic brought for staff. This had improved over the past year. There had been efforts to keep in touch with staff, and also to provide small tokens of appreciation. A care worker commented, "I got a box of chocolates as I was doing overtime."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirements of the duty of candour, in the event they needed to exercise this. This is a registered person's duty to be open and honest about accidents or incidents that cause or place a person at risk of harm.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People praised the service they and their loved ones received from care workers and the office staff. Comments included: "I have nothing bad to say about them. They have been very good" and "Apex have a job to do and their job is caring, and they do that very well."
- The registered manager, office staff and care staff understood their roles and responsibilities. The registered manager was supported well by the provider.
- The registered manager had met legal requirements such as notifying CQC of significant incidents and events.
- Quality assurance processes were in operation. These included regular audits of various aspects of care,

such as medication, with action on any issues identified. There were spot checks to ensure staff were working in line with the provider's policies and values.

- The registered manager and provider were able to get a live overview of the service through the computer systems. The registered manager reported frequently to the provider, to assist their oversight of the service.
- The service had a process in place to support learning and reflection; there was an emphasis on ensuring staff had the training they needed. The registered manager sent memos and updates to staff, which included information about good practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives remarked on the good communication they had with the office staff. Comments included: "[Name] does not let anything slip between the cracks. Their communication is great" and "They ring me four times a day if there is a change in [person's health]. They explain what is happening, what the GP says... It is amazing, thank them so much."
- Staff told us they were kept informed of what was going on. Comments included: "We get emailed or called if there is anything they need to tell us", "Team meetings we haven't had because of COVID. It's normally over email, where they send a memo of what's going on" and "They send out a memo once a week, if any change in PPE, change with each client. If anything major changes they let you know as soon as possible."
- People and relatives had opportunities to express their views about the service and their or their loved one's care; this was used to highlight good practice and improve the quality of the service. This happened through care reviews, telephone calls from senior staff to check their satisfaction with the service, feedback during or after staff spot checks, and periodic quality assurance questionnaires.
- The service worked in partnership with others to help ensure the best possible outcomes for people. This included maintaining good working relationships with health and social care professionals and with commissioners. The registered manager remarked on how well these agencies had communicated with and supported them during the pandemic.