

Apex Prime Care Ltd

Apex Prime Care - Southampton

Inspection report

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Date of inspection visit:
23 September 2022
06 October 2022
10 October 2022

Date of publication:
19 October 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Apex Prime Care - Southampton is a home care service providing personal care to people in their own home. The service provides support to older adults who may be living with dementia, a physical disability, sensory impairment or mental health diagnosis. At the time of our inspection there were 319 people using the service.

Not everyone who used the service received 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.

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

People and their relatives were happy with the quality of care provided and felt safe receiving care from staff. They told us they received a consistent service from competent staff who were knowledgeable about their needs. The provider had systems in place to mitigate risks related to the delivery of care and contingencies in place to help ensure the service ran safely in the event of an emergency. The provider had effective procedures to identify, report and analyse incidents to reduce the risk of reoccurrence, promoting people's safety and wellbeing.

People told us that the service was well-led and that management staff were professional and approachable. There were clear governance structures in place which helped ensure senior staff understood their role and were given support to work effectively. There were systems in place to monitor the quality and safety of the care provided, which included gaining people's feedback. The provider was focussed on making continuous improvements through investing in new systems and developing existing processes. They worked in partnership with external stakeholders to promote people's safety and independence.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service was good. (published 7 July 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Apex Prime Care - Southampton

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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by two inspectors and three Experts 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 houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there were two registered managers in post.

Notice of inspection

We gave a short notice period of the inspection so that people could consent to take part in the inspection by giving us feedback by phone.

Inspection activity started on 23 September 2022 and ended on 10 October 2022. We visited the location's

office on 23 September and 6 October 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection

We spoke to 42 people and relatives via telephone to gain feedback about their care. We spoke to 15 staff including, the two registered managers, office staff and care staff. We also spoke with three health and social care professionals.

We reviewed records relating to people's care and the running of the service. These included care records for 16 people, two staff recruitment files, audits, policies, incident reports, quality assurance records and medicines administration records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained 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 told us they felt safe receiving care from staff. Comments included, "Yes, I do feel safe and secure", and, "I feel safe with my carers they are really good."
- The provider had policies and processes in place to help safeguard people from the risk of abuse. Staff had all completed safeguarding training which helped develop their knowledge and understanding of the actions required if they were concerned about a person's safety or welfare.
- The registered managers took the appropriate actions when safeguarding concerns were raised about people's safety or welfare. They had investigated concerns thoroughly and taken actions to keep people safe, including making appropriate safeguarding referrals to local authorities.

Assessing risk, safety monitoring and management

- The provider carried out risk assessments around people's home environment. Where risks were identified, the provider put measures in place to reduce the risk of harm to people and staff. This included helping people make referrals to the local fire and rescue service when fire risks were identified in their home.
- Staff completed training to ensure they could provide people's care safely. Where people used mobility equipment such as hoists, the provider ensured staff received training in the use of this specific equipment. The provider also helped people to regularly service mobility equipment to ensure it was safe for use. This helped promote safety for people and staff.
- The provider had a business continuity plan, which identified which people's needs were the most critical to be met in case of an emergency, such as staffing shortages or extreme weather. This helped ensure the service would run safely in such an event.
- The provider had a robust 'non entry policy' in place. Staff understood the steps to follow if they were unable to contact people at planned care call times. This helped to ensure the provider could account for people's safety and welfare.
- The provider had an 'out of hours' telephone service run by senior staff. This meant people and staff could contact the provider outside of office hours in the event of an emergency. One person told us, "I have contacted them out of hours and have never had a problem."

Staffing and recruitment

- There were sufficient competent staff with the right skills to provide good quality care. Comments included, "They [staff] know what they are doing and what I need", "My carer knows what she is doing", and, "I'm very happy with them. I couldn't manage without them."
- People told us they had consistent staff who provided the right amount of care at the agreed times.

Comments included, "There is good consistency of staff", "They've never missed a call and are always on time. They're very respectful and [my relative] thinks very highly of them", and, "[Staff are] normally on time, they stay the right amount of time too."

- The provider made responsible decisions around growing the size of the service when taking on new care packages. This included analysing staffing numbers, skills and the locations of new referrals. These measures helped to promote safety and quality.
- The provider had strengthened staffing contingency arrangements by scheduling senior staff to work regularly over weekends. This helped ensure that there were senior staff available to cover care calls if staff were unwell or absent.
- The provider carried out robust recruitment checks to help assess newly recruited staffs' character, experience and conduct in previous employment. These included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers ensure suitable staff are employed.

Using medicines safely

- People and relatives were happy with the support they received around their medicine's management. Comments included, "Staff check that I have taken my medication", and, "It [medicines administration] is done how [my relative] likes it done."
- People's care plans identified their prescribed medicines and preferred routines around administration. Care plans included details of how independent people wished to be around their medicines administration and any risks associated around medicines management. This helped ensure there were safe systems in place.
- Staff had completed medicines training and had their competency assessed by senior staff. Staff recorded the administration of people's medicines on an electronic medicine administration record (MAR). This helped to ensure there was a clear record of medicines administered.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. Comments included, "Yes, they [staff] always wear gloves and their masks."
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Staff were confident in reporting incidents to senior staff. The provider encouraged staff to be open and transparent about safety concerns. Staff comments included, "I feel comfortable raising anything with the office. They are always really responsive if something is wrong."
- The compliance officer audited incident reports to look for trends and possible measures to reduce risk of reoccurrence. Once completed, these audits resulted in positive changes in response to incidents including, staff training or referrals to external professionals where concerns about people's care were identified.

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.

At our last inspection we rated this key question good. At this inspection the rating has remained 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 told us they received good quality care and that they would recommend the provider to others. Comments included, "I'd recommend them to anybody", "I couldn't ask for a better care company", and, "Apex (Prime Care - Southampton) are now top of their game!."
- People and relatives told us the service was consistently well-led, with management staff visible and responsive to their needs. Comments included, "They're definitely well-managed. The supervisor is very hot on things", "The managers are all very good, we have a great relationship with them", and, "I deal with management. I've phoned them a couple of times – they always answer, are always polite and 99% of the time I speak to the person I wanted to."
- Management and senior staff were committed to their role and motivated in ensuring people received the care they needed. Senior staff had a good understanding of people's needs and were available to carry out care calls when required. This helped promote consistency and safety. Comments from senior staff included, "What I expect from staff I expect from myself. I like to go out into community and provide care and support. It makes me visible to the clients and carers."
- Care staff told us that management staff were supportive and responsive when they raised issues or concerns. Comments included, "Whenever I have raised concerns, they [management staff] are always very supportive", and "My coordinator and the [registered] manager are both very good. I can approach them about anything."
- There was an open and person-centred culture, focused on achieving good outcomes for people. Relative's told us, "My [relative] was really dubious at first and she was very independent, but the transition with the company was really smooth", and, "The care coming in means [my relative] can stay at home. That is important to [my relative] and us [family]."

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 managers understood their responsibilities under the duty of candour. There were open communications with people using the service, their families and representatives.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered managers understood their roles and responsibilities and the current challenges for the service. They welcomed any feedback as an opportunity to reflect and identify further areas for

improvement.

- Many senior staff had been promoted from within the company and had been supported to develop and progress. There were clear definitions of responsibility and accountability for each senior role, which helped identify the key training and skills staff required.
- There was a clear management structure in place, where senior staff understood their roles and responsibilities. The service was organised into teams according to geographical area. Each team had a coordinator and supervisory staff in place to oversee the day to day running of the service. There was a compliance officer in place who monitored and reviewed audits completed, care plan reviews and staff updates such as training. This helped ensure work was prioritised in order of importance.
- The registered managers oversaw senior staff's work and completed a weekly report to the providers senior management around the key areas of the service. This included details of recruitment needs, training, incidents and safeguarding. This helped to ensure the registered managers and senior management had a good overview of the quality and safety of the service.
- The registered managers kept their knowledge updated through training and professional updates from both the local authority and Skills for Care.
- Providers are required to notify CQC about significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found that the provider had met the requirements of this regulation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider regularly sought feedback from people about their care. This included phone calls, review visits and questionnaires. People felt they were listened too and that their viewpoint was respected. Comments included, "[My relative] has a regular review with a member of the agency. The supervisor came in recently and asked how things were going" and, "Every six months, we get a questionnaire asking for our views."
- The results from the provider's most recent quality assurance questionnaire, sent in May 2022, reflected that the vast majority of the 135 people who responded were happy with the quality of the care they received and the staff that supported them.
- Staff were able to provide their views through regular questionnaires. This gave staff the opportunity to give feedback and make suggestions about how to improve the service. The results from the provider's most recent quality assurance questionnaire, sent in May 2022, reflected that the vast majority of the 56 staff who responded were happy in their role and felt supported by management.
- The registered managers held staff meetings where feedback was sought and learning from incidents was promoted. Records of recent team meetings reflected discussions with staff about promoting practices that would reduce the risk of missed calls. This demonstrated the provider was engaging with staff to find effective working solutions when issues arose.

Continuous learning and improving care

- The provider had a schedule of audits, which ensured key aspects of the service were audited for quality and safety. This included audits of care plans, staff training needs, care notes and formal reviews of people's care. The findings from audits were used to identify where improvements were needed and addressed with staff where required.
- The provider had identified where technology solutions had the potential to improve people's experience of care. These included the implementation of an electronic care planning system. This system enabled the provider to monitor care calls, review care notes, update care plans and ensure staff had up to date rotas via an electronic application. The provider was working to ensure the use of the electronic system was more robust in monitoring care in real time.

Working in partnership with others

- Staff worked openly and collaboratively with stakeholders and external agencies to support the delivery of people's care. This included working with people and external companies to promote the use of technology around people's safety and independence. Examples included, supporting people to purchase aids to help them manage their medicines independently, which decreased their need to rely on care services.
- The provider had worked in partnership with a local authority to trial technology to promote safe moving and handling practice for staff. They had participated in a study where staff used an electronic mobility aid which supported their posture during moving and handling manoeuvres. Although, the trial did not result in this technology's wider use, the provider demonstrated a willingness to work in partnership with stakeholders to try to trial technology with potential benefits to the wider care sector.