

Apex Prime Care Ltd

# Apex Prime Care - Mid Surrey

## Inspection report

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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 – Mid Surrey provides personal care and support to people living in their own homes.

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.

The service was supporting 54 people at the time of our inspection, 18 of whom received personal care.

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

People received their care from consistent staff and had established positive relationships with their care workers. Staff knew people's preferences about their care and respected their choices. Staff supported people to be as independent as possible.

People felt safe when staff provided their care. People told us they received a reliable service from staff who knew how to provide their care in a safe way. Staff understood their responsibilities in protecting people from abuse and knew how to report any concerns they had. The provider's recruitment procedures helped ensure only suitable staff were employed.

Risk assessments had been carried out to identify and minimise any risks involved in people's care. People's medicines were managed safely. Staff protected people from the risk of infection by wearing personal protective equipment (PPE) when they carried out their visits.

Staff had an induction when they started work and had access to the training they needed to carry out their roles. Staff met regularly with their line managers to discuss their performance and any support or further training they needed.

People's needs were assessed before they began to use the service. People told us their wishes and preferences about their care were listened to and reflected in their care plans. Care plans were reviewed regularly to ensure they continued to reflect people's needs.

Staff monitored people's health effectively and responded promptly if people became unwell. Professionals told us staff implemented any guidance they recommended to ensure people received the support they needed.

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 had opportunities to give feedback about their care and their views were listened to. People told us they would feel comfortable raising concerns if they needed to. There were effective systems in place to monitor the quality and safety of the service. Staff communicated with one another well and worked as a team to ensure people received the care they needed. Staff understood the agency's values and demonstrated these in their work.

The management team supported staff well and encouraged staff to suggest potential improvements to the service. Relatives told us the registered manager and management team led by example in their attitudes and behaviours. Professionals said the agency worked cooperatively with them to ensure people received good quality care and support.

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

The registered provider of this service has changed since the last inspection. The last rating for the service under the previous provider was good, published on 21 August 2018. The service was registered under the current provider on 13 May 2021.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### 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 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 - Mid Surrey

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service, their relatives and staff.

#### Inspection team

One inspector carried out the inspection.

#### 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 was a registered manager in post.

#### Notice of inspection

We gave a short notice period of the inspection because we needed to ask the registered manager to send

us information and to obtain people's consent to receive a telephone call from us.

Inspection activity started on 7 July 2022 and ended on 11 July 2022.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection, including notifications of significant events. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager via Microsoft Teams meetings about how the service was run.

We spoke with six people who used the service and four relatives to hear their feedback about the care the agency provided. We received feedback from three professionals who had worked with the service and from five staff about the training, support and information they received.

We reviewed information sent to us by the registered manager, including care plans and risk assessments for three people, medicines administration records, recruitment records for three staff, training records, accident and incident records, audits, meeting minutes, and the agency's business continuity plan.

# 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 under the previous provider we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The provider employed enough staff to meet the service's care commitments. People told us they received a reliable service and said staff almost always arrived within the agreed time window for their care visits. The agency monitored the on-call system people could use if they needed urgent assistance between 7am and 10.30pm. After 10.30pm, the local authority monitored the on-call system. This meant people were able to get help in the event of an emergency.
- The provider information return (PIR) confirmed that the agency would not take on a package of care unless the management team was confident the agency had sufficient staff with relevant skills to meet the person's needs. The PIR stated, 'New care packages are not accepted unless we are sure we can facilitate the particular needs of the service user. We work transparently so if a care package comes through that has specific requirements that we are unable to facilitate we are open and honest with the commissioners.'
- The provider's recruitment procedures helped ensure only suitable staff were employed. Prospective staff had to submit an application form and to attend an interview. The provider requested references for staff prior to employment and obtained a Disclosure and Barring Service (DBS) certificate. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Systems and processes to safeguard people from the risk of abuse

- Staff attended safeguarding training in their induction and understood their responsibilities in protecting people from abuse. Staff were clear about how to report any concerns they had, including how to escalate these if necessary. One member of staff told us, "If I needed to speak to someone about safeguarding, I would go to my manager. If I feel like they have sorted it, that's fine, if not I would go to head office." Another member of staff said, "I would report to my line manager in the first instance, and if necessary give a report to the appropriate person, e.g. social services."
- The management team had taken action to safeguard people when allegations had been raised. For example, the management team had made a safeguarding referral to the local authority when concerns were raised about potential abuse in October 2021.

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

- People told us they felt safe when staff provided their care. They said staff knew how to use any equipment involved in their care safely. One person told us, "I feel very safe with them. They follow close behind me when I am walking with my frame." Relatives and professionals confirmed that staff provided people's care in a safe way. A relative told us, "They use the hoist safely when they are moving [family member] from her bed to her chair." A professional said, "In my opinion Apex provide safe care that is very person-centred."

- Assessments were carried out to identify and mitigate any risks to people. The care records we checked contained risk assessments in relation to mobility, moving and handling, skin integrity and the environment in which care was to be provided. These were reviewed regularly to take account of any changes in people's needs.
- Any accidents that occurred were recorded and reviewed to identify actions which could be taken to prevent a similar event happening again. For example, when a person suffered a fall, staff requested an occupational therapy assessment which resulted in equipment being provided to reduce the risk of the person falling again.
- There was evidence of learning from adverse events. For example, one person suffered a graze from a member of staff's bracelet when they were receiving care. A message was sent to all staff reminding them that jewellery should not be worn when providing people's care.
- The provider had developed a business contingency plan to ensure people's care would not be interrupted in the event of an emergency, such as extreme weather, infectious disease outbreak, or loss of utilities.

#### Using medicines safely

- People told us staff helped them take their medicines as prescribed and relatives confirmed staff supported their family members manage their medicines safely. One relative told us, "They manage [family member's] medicines well."
- Staff attended training before being authorised to administer medicines and their practice was assessed before they were signed off as competent.
- People's care plans contained information about any medicines they took including how each medicine was administered, its purpose, and any potential side effects. Medicines administration records were audited regularly and confirmed that medicines were being managed safely.

#### Preventing and controlling infection

- Staff received training in infection prevention and control (IPC) and people told us staff wore personal protective equipment (PPE) when they carried out their visits. Staff practice in IPC and their use of PPE was assessed during spot checks.



# 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.

At our last inspection under the previous provider we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were confident in the skills of the staff who supported them. One person said of their care workers, "They are competent and professional." Another person told us, "They are all very good. I have every confidence in them."
- Staff had an induction when they started work, which included mandatory training and shadowing colleagues to understand how people preferred their care to be provided. The registered manager told us the induction for new staff included an introduction to the organisation, its policies and procedures and its core values. The registered manager said staff shadowed colleagues until they felt confident enough to work unsupervised. The registered manager told us, "They work with different people and do different shifts. They can shadow for as long as they feel they need it. We like them to meet all the clients, and I want the clients to feel comfortable with them."
- Staff told us their induction had prepared them well for their roles. One member of staff said, "I had an induction before I started. I had all my mandatory training and three days shadowing. I was confident enough to then start on my own." Another member of staff told us, "I had an induction when I started working for Apex. I also had two weeks induction, with fellow staff who took me round to meet clients and understand their needs."
- Staff had access to refresher training in mandatory areas and additional training relevant to people's needs. For example, the agency had arranged training from an occupational therapist in the use of equipment and from district nurses in the management of an ileostomy. (A procedure in which the small intestine is diverted through an opening in the abdomen.)
- Staff met regularly with their managers for supervision, which provided opportunities to discuss their roles and any support they needed. One member of staff told us, "I have regular meetings with my line manager to discuss any concerns, issues regarding clients and any organisational changes. This is also an opportunity to get feedback on my performance." Another member of staff said, "I have supervision with my manager on a regular basis. The purpose of these meetings is to see how I am getting on, and if I have any concerns with clients and anything that needs to be improved."

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

- People's needs were assessed before they used the agency to ensure staff had the skills and training they needed to provide their care. Assessments considered areas including mobility, continence, skin integrity and personal care. People told us they had been asked about their preferences regarding their care during their assessments and that their views had been listened to.
- Professionals told us the agency worked cooperatively with them to ensure people's care continued to

reflect their needs. One professional said, "They are involved fully in all reviews and reassessments of an individual's package of care and are always proactive in changing support to meet an individual's needs."

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

- Relatives told us staff monitored their family members' health and took prompt action if they became unwell. One relative said, "They are very good at that. They are very observant. [Family member] sees a district nurse every day so if they have any concerns, they let her know."
- The registered manager told us staff understood the importance of highlighting any concerns they had about people's health or wellbeing. The registered manager said if staff observed any deterioration in people's health, "They document it in the client's notes and fill in a concerns form, and we will follow that up. If they have family, we will contact them and ask if they want to call the GP or if they want us to. We try to keep the families involved."
- Professionals told us staff worked well with them to ensure people's needs were met. They said staff implemented any guidance professionals put in place and provided feedback about whether this was proving effective. One professional told us, "Staff always react very positively to any advice and guidance provided to them regarding a specific package of care. They will implement the advice and feed back to let me know how the package of care is working with the changes." Another professional said, "If they have been told to implement something, I have found they do act on it very quickly so not to impact the client's care needs."
- People's needs in relation to oral health were assessed before they began to use the service and any support they required to maintain good oral health recorded in their care plans.

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

- People who received support with meals told us they were happy with this aspect of their care. Most people we spoke with told us they had stocks of ready meals which staff prepared for them. Some people said staff did their shopping for them.
- People and their relatives confirmed that staff prepared or bought meals based on people's choices and preferences. One relative told us, "They heat up meals or go out and buy them for [family member]. They do his shopping, so he gives them a list and they get that for him. Sometimes he will ask for a takeaway, like fish and chips, and they will bring that in for him."
- People's nutrition and hydration needs were discussed at their initial assessments. If needs were identified in these areas, such as allergies, these were recorded in people's care plans.

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.

- People signed their care plans to record their consent to their care and told us staff sought their consent on a day-to-day basis. One person said, "They will always ask before they do anything."
- If people lacked the capacity to give informed consent, the agency consulted family, friends and relevant professionals to ensure decisions were made in people's best interests. The registered manager told us, "We go to family, friends, people who are closest to them. Sometimes the local authority is involved." No one using the service was subject to deprivations of their liberty.

# 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.

At our last inspection under the previous provider we rated this key question good. The rating for this key question has remained 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

- People told us the staff who supported them were kind, caring and helpful. One person said of staff, "They are excellent. I cannot praise them enough; they are so very helpful." Another person told us, "They are fantastic; really helpful, really caring, I cannot fault them at all."
- People told us they got on well with their care workers and enjoyed their company. One person said, "I think them of as friends as much as carers. They are wonderful; they have lit up my life. Talking to them keeps me mentally active. They raise my spirits tremendously." Another person told us, "They are all lovely girls. I get on well with all of them. We have a good chat when they visit."
- Relatives confirmed their family members had established positive relationships with the staff who supported them. A relative told us, "The main reason I am pleased is that my parents are so happy with them. They feel relaxed, they feel supported, they feel cared for." Another relative said, "They are very approachable, which helps a lot. [Family member] gets on extremely well with them."
- People gave us examples of the caring nature of staff. One person told us, "After I had my vaccination, I felt really rough. [Member of staff] came in her own lunchtime to see if I was okay, which told me how much she cared." People and relatives said staff were willing to carry out additional tasks to help them. One person told us, "They went and got me my medication when I desperately needed it when there had been a mix up between the GP and the pharmacy." A relative said, "They always ask if they can do anything else for [family member]. They offer to empty the dishwasher and the washing machine."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People said they saw the same care workers regularly, which was important as it meant staff understood their needs. One person told us, "I see about six [staff] in total. I am happy with that. I know them all and they know me." Another person told us, "I see the same small group of staff." The registered manager understood the importance to people of seeing the same staff regularly and said the agency's low turnover of staff enabled this.
- People told us staff listened to and respected their views about their care. They said staff treated them with respect and maintained their dignity when supporting them. One person told us, "They are very sensitive. I was very anxious about being washed by a stranger, but they are very confident and professional. They are very good at putting you at ease."
- People's religious and cultural needs were met. For example, staff supported one person to attend a mosque, then accompanied them to a nearby market where they liked to buy their spices. The registered manager told us, "All clients are asked about their cultural needs in their assessments."

- Staff supported people to be independent where this was important to them. One person told us, "They let me be independent where I can." A relative said, "They encourage [family member] to be independent; they say, 'Come on [person's name], you can do this.'" The registered manager told us, promoting independence is part of our ethos; to help clients to work with their own abilities. It is not about doing things for them. The smallest of things they can do, [staff] encourage them to do."

# Is the service responsive?

## Our findings

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

At our last inspection under the previous provider we rated this key question good. The rating for this key question has remained 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

- Each person had a care plan which was developed from their initial assessment. People told us their views about their care were taken into account and reflected in their care plans.
- Care plans were person-centred and contained details for staff about how people preferred their care to be provided. The registered manager told us, "Everything we do is centred around our clients, their needs and their preferences. We want to be part of their daily routine. The care plan is theirs. We make that very clear, [we say] you must tell us how you like things done."
- Professionals told us the agency provided personalised care based on people's individual needs. One professional said, "They really take on board the person's needs and will work with you to ensure that the support meets those needs." Another professional said, "Each client gets an individual care package with a care plan to suit their needs."
- Staff told us they received the information they needed to understand people's individual needs and preferences about their care. One member of staff said, "Whenever we have a new client, we receive a support plan that's detailed with their care needs. The first call is usually done by one of the supervisors to be able to get a better feel of what the call entails. And then the management relay the information to all staff attending the future calls to be able to make it more person-centred."

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 individual communication needs were discussed and recorded during their initial assessment. Any needs identified were then documented in people's care plans. The registered manager told us, "We assess the accessible information [standard]. We record any needs. We have things in easy read and large print. We use easy read for one client. She can read magazines but any official document, I would use easy read [for her]. We could get Braille if need be."

The provider information return (PIR) confirmed how the agency assessed and responded to people's individual communication needs, stating, 'On the initial assessment we ensure accessibility for shared information is clearly defined and tailored to the individual's needs, for example if a service user is hard of hearing or deaf we ensure that this is documented clearly on the Accessible Information Standard form which is placed at the front of their folder. We also document any special communication requirements that may be specific to the individual service user.'

#### End of life care and support

- Staff worked effectively with other professionals involved in people's end of life care. The registered manager told us the agency had access to support and advice from a hospice team in the provision of end of life care. The registered manager said, "We have worked closely with Princess Alice Hospice. The hospice team will create the care plan and will share information. We can speak to the hospice nurse and get any information we need from them. They always have an allocated worker."
- A professional provided an example of how the agency had supported a person towards the end of their lives to remain at home according to their wishes. The professional said, "I was working on a case where the lady in question was end of life care and her family wanted her to remain at home. [Registered manager] contacted me and advised that they were happy to provide their service alongside a team of palliative nurses so their client could remain with dignity at home. Their carers and management team did everything in their power to ensure this happened to the comfort and joy of the family."

#### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which set out how any complaints received would be managed. This was given to people when they began to use the service. The agency had received no complaints since its registration under the current provider.
- None of the people we spoke with had made a complaint, but all said they would feel comfortable doing so if necessary. One person told us, "I would not have any qualms about raising anything with them." a relative said, "If I was not happy or there was a problem I would speak up straightaway."

# 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 under the previous provider we rated this key question good. The rating for this key question 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

- Relatives told us the management team led by example in terms of their attitudes and behaviours. One relative said, "They operate in a way that is extremely caring. I feel it comes from the top. They have got good management who are genuinely caring. I can say that because I talk to them a lot. And they pass that on to the carers." Another relative told us, "I find them to be really helpful and cooperative. If there is ever an issue, they will phone me and discuss it with me."
- People who used the service and their relatives told us communication from the office team was good. People said the office team contacted them if there were any changes to their visit arrangements. One person told us, "They have always let me know if they are coming earlier." Relatives told us the agency kept them up to date about their family members' health and wellbeing. They said the agency worked in tandem with them to ensure their family members received the care they needed. One relative told us, "We work as a team; that is what I like about them. We take a team approach to the whole thing."
- Staff understood the agency's values and the registered manager told us team meetings were used to reinforce the importance of these. The registered manager said, "Our values are compassion, dignity, choice and independence. [At team meetings] we ask them to give us an example [of how they had demonstrated the values.] It gets them thinking." Staff confirmed team meetings were used to discuss the agency's values. One member of staff said, "We have regular staff meetings. These are to advise us of any changes that are organisational. We also use staff meetings to give examples of how we work to the organisation's core values."
- The registered manager told us staff worked well as a team and maintained effective communication to ensure people received well-planned care. This was confirmed by staff, who said they supported one another well. The registered manager said, "We have a very tight team. They work extremely well together. Their communication is amazing. We use a WhatsApp group. That works really well." A member of staff said, "As a team our communication is second to none, and the care staff team is extremely close. I honestly feel I couldn't get a better team anywhere else."

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

- Professionals told us the service was managed well. One professional said, "In my view this service is managed very well indeed." Another professional said, "The service is very well managed and well-led."
- There were systems in place to monitor the quality and safety of the service. This included audits of key



areas of the service and spot checks to observe the care people received. These checks assessed whether people's care had been provided in line with their care plans and appropriately recorded.

- The registered manager understood their responsibilities under the duty of candour and the requirement to act in an open and transparent way when concerns were raised. When necessary, notifications of significant events had been submitted to CQC and the local authority.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People told us they had opportunities to give feedback about their care and said their views were listened to and acted upon. People were able to give feedback at reviews, spot checks and in an annual survey distributed by the provider's head office.
- The registered manager told us how they ensured staff had access to support when they needed it, saying, "I have an open-door policy. We have an on-call system after five and there is always one of the managers on it. If they have a problem with a client, we will go with them and we will support them in any way we can."
- Staff confirmed they received good support from the office/management team. They said their managers were available for support and advice when they needed this. One member of staff told us, "Management are always available during working hours and also out of hours via the on-call service. They are always willing to advise in any situation." Another member of staff said, "I feel very supported by my manager and my management team, they are always willing to help you at any time."
- Staff told us they were able to speak up about any concerns or suggestions they had and said the management/office team were responsive to their feedback. One member of staff told us, "If we have any concerns or suggestions, they are always heard and listened to and rectified as best they can." Another member of staff said, "I have the confidence in management that if I have a concern, they will listen."

Working in partnership with others

- The agency had established effective working relationships with other agencies and professionals involved in people's care. For example, the service had worked with healthcare professionals and local authorities that commissioned care to ensure people's needs were met.
- We received positive feedback from professionals about the way in which the agency worked with them and the quality of care people received. One professional told us, "The communication between the service and myself has always been excellent; the phone is always answered and calls are always returned. I will also receive emails and calls when they feel there is a concern or if support for any individual requires alteration." Another professional said, "I find that communication is key with any care agency and Apex excel at this; they are proactive and, especially with complex cases, remain committed to providing the best service possible. Their staff are also very committed and I have found their turnover of staff to be far less than other agencies, which I feel is an indicator of a good management team."