APT Care Limited

Hospital Intake Team

Inspection report

APT Care Limited
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Hospital Intake Team is a domiciliary care agency, providing personal care to people who need short term support for between 10 and 42 days when discharged from hospital.

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. At the time of the inspection the service were supporting 53 people, all of whom received the regulated activity of personal care.

People's experience of using this service and what we found
People had not experienced any missed care visits but told us they often experienced an inconsistency of arrival and finish times. People told us timings meant the care they received felt rushed and impacted on not being provided with hot meals.

People told us they struggled to communicate with some staff due to language barriers and people and relatives felt that communication with office staff and out of hours support was poor.

People knew how to complain but had chosen in some cases not to, the registered manager was looking to improve in this area. Complaints received by the provider were thoroughly investigated and action taken to improve the care.

People were supported by staff who were trained to meet most of their needs and understood how to keep them safe. Some staff did not have a good understanding of specific conditions such as Dementia and Parkinson's Disease.

Staff respected people's choices, people told us they felt safe and staff were kind and caring in how they treated them. However, people often felt rushed which had an impact on how much time they were given to try and maintain independence.

People had their medicines monitored safely and staff were trained to ensure they understood best practice for medicines administration. Errors were quickly identified by senior managers and action taken to improve.

Staff received one to one and group support to develop and assess their skills. Safe recruitment practices were followed to ensure people were not supported by unsuitable staff.

People were offered the opportunity to receive free food and toiletries on discharge from hospital if they were unable to source these for themselves.

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.

Staff worked with external professionals, including specialists supporting people receiving end of life care, to make sure people had everything they needed to live in a dignified way.

We have made a recommendation about improving consistency of times for care visits, provision of food and drink, and improved communication and staff training.

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 this service was 'inspected but not rated' (published 1 April 2021).

Why we inspected
This was a planned inspection based on the date of registration.

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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Hospital Intake Team

Detailed findings

Background to this inspection

This 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
This inspection was carried out by two 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 houses and flats.

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 that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 23 September 2021 and ended on 6 October 2021. We visited the office location on 23 September 2021.

What we did before the inspection
We reviewed information we had received about the service since the service was registered. We sought feedback from the local authority, Healthwatch England and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 nine people who used the service and 14 relatives about their experience of the care provided. We spoke with nine members of staff including the managing director, the registered manager who was also the nominated individual and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 12 people's care records. We looked at two staff files in relation to staff induction, training, competency assessments and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly visited people using the service.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inspected but not rated. At this inspection this key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

● Feedback from people about the timeliness of care visits was mixed. Most people felt the times were inconsistent and that staff did not always stay for the full length of time agreed. One person said, "Their timing is weird. Sometimes they come at 10.30pm and sometimes they come at 9.00pm. I have to put up with it. In the mornings they come any time between about 9.30am and 11.00am. It's not very reliable for time."

● Daily notes showed there were differences in care visit times, which were more common in the mornings. Staff told us they received enough time on their rotas to travel between different people's addresses however, timings remained varied. A relative told us, "We haven't had any missed calls but one morning in particular they were so late I had to phone. They never phone us if they are going to be late. I have to phone them."

● Inconsistent times of care visits meant that people were sometimes left very long periods of time before receiving support. This meant people who required time specific or regularly spaced visits may be at risk of not receiving safe support.

We recommend the provider reviews the effectiveness of current rota and scheduling systems to ensure times of care visits are consistent and reliable and take action to update and improve their practice accordingly.

● Safe recruitment practices were followed. The registered manager ensured they carried out full checks on new staff including criminal record checks and employment history.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe because of how staff treated them. One person told us, "They are good, and it would be difficult to manage without them. I feel safe." A relative told us, "I think generally [my family member] was very safe. They liked the [staff] and they made them laugh."

● People were supported by staff who had received training in safeguarding and abuse awareness. Staff understood how to identify and report concerns, including how to escalate concerns to external agencies such as the Care Quality Commission, local authority safeguarding team or police if required.

● The registered manager had implemented systems for effective reporting and monitoring of concerns. They recorded actions taken to help ensure people were safe.

Assessing risk, safety monitoring and management

● People were protected from risks associated with their care and support. 'Following assessments, individual plans were put in place to give care staff guidance on how to reduce the risk and help keep people safe. This included risks such as moving and handling, medicines, medical conditions and skin care. Plans were monitored regularly for changes and updated, when required.
● Staff knew people well and understood their preferences to support them. One relative told us, "We have four [care] visits a day. Staff arrive on time and they are helpful. I am exhausted and they help me. I'd be happy to keep them on [at the end of the contract]. They are well trained and know what they are doing and do a decent job."

Using medicines safely
● People received their medicines as prescribed. Staff understood the correct procedures to follow to ensure people's medicines were safely administered. They also understood what to do in the event of something going wrong.
● The registered manager had systems in place to ensure that all medicine records were checked monthly and any concerns identified, and actions taken to reduce the risk of further concern. For example, re-training and observations of staff practice and sharing of lessons learnt.

Preventing and controlling infection
● People were protected from the risk of infection. We were assured the provider was meeting all of the current government guidance for care at home services. This included ensuring staff had received training in infection prevention and control (IPC) with a focus on measures to mitigate the risks of COVID-19.
● Staff told us they had access to all required personal protective equipment (PPE). The providers policies assured us they could safely manage any outbreaks of COVID-19 should they occur.
● Staff were part of a regular testing programme and visitors to the office were asked screening questions, had their temperatures checked and followed all IPC control measures.

Learning lessons when things go wrong
● Systems in place showed clear procedures for identifying and sharing lessons learnt from incidents where something had gone wrong. This included medicine errors, falls, complaints and unsafe discharges from the hospital.
● Learning was followed up in staff supervisions and by checking to ensure the new measures had been implemented.

Requires Improvement

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 the last inspection this key question was rated as inspected but not rated. At this inspection this key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People were not supported to have preferred meals. One person said, "I've tried to explain many times [to staff] how to use the microwave. I've even drawn a picture of an arrow where they just have to press a button, but they can't understand so I just have sandwiches."
- A relative told us, "[My family member] has diet controlled diabetes so the carers need to make sure they eat and that's not happening. [Staff] can't even read the packet on the porridge to heat it for the right amount of time in the microwave so [my family member] says staff often give them cold coffee and cold porridge." The registered manager told us they would address these concerns now that they have been made aware of them.

We recommend the provider a review of staff training in the area of food preparation and instruction to ensure support for food and drink meets individual requirements for health requirements and preferences.

Staff working with other agencies to provide consistent, effective, timely care

- People had care plans in place. The staff team worked with the hospital discharge team and community nurses to assess risks in relation to food, drink and choking and mobility.
- The registered manager explained how they also worked closely with the hospital discharge team to ensure that equipment and other resources were in place in people's homes prior to their discharge.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to receive healthcare. The staff team ensured they followed up on any other referrals to health professionals such as the district nursing team or occupational therapists and palliative care teams. They worked with people's doctors to ensure health needs were being met and medicine records were up to date.

Staff support: induction, training, skills and experience

- Training records showed staff had received training in many topics and this was all up to date. Staff had their competency assessed in key subjects such as safeguarding, moving and handling and medicines. Not all staff had received training in more specialised areas such as Parkinson's disease and Stoma care. A stoma is an opening on the abdomen that can be connected to either your digestive or urinary system to allow waste (urine or faeces) to be diverted out of your body.
- Relatives told us for some specialised needs staff did a good job. One relative told us, "[My family member] has a stoma and they are very good at stoma care. They are also very good with their medication, they

follow the medication administration record exactly, we have not had a problem."
● However, staff did not have a good understanding of other conditions such as Dementia and Parkinson's Disease. Relatives felt staff struggled to understand how these conditions impacted on people's daily life. A relative told us, "The [staff] have no understanding at all of Parkinson's, none at all. For example, [my family member] locks their legs and staff say uncross your legs but they don't understand why [my family member] can't do it. Staff don't understand that the correct messages are not being sent from the brain to the limbs."
● The registered manager told us they would be implementing further training for staff for specific and specialised conditions such as Dementia and Parkinson's Disease awareness.
● New staff were put through a full induction and training programme before starting work. Staff told us they felt supported and received enough training as well as individual supervision.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Information was used to develop the person's individual care plan. Risk assessments were in place to ensure staff had the right guidance to meet their needs.
● This service solely supported people with short term care packages when discharged from the local hospital. The registered manager assessed people's needs using the information shared by the hospital assessor. They then conducted their own assessments of people's needs in their home environment, to ensure information was current and correct. People were involved in this process and had signed documentation to consent to their care.
● The registered manager used group discussion and newsletters to ensure the staff understood the current best practices and changes in guidance. Particularly in relation to the safe management of COVID-19.

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.
● Staff had received training in the principles of the Mental Capacity Act. They understood how to ensure people were supported to make their own decisions or that decision taken for them was in their best interest.
● People told us staff always asked for their consent, respected their choices and explained what they were doing before they supported them with a task.

Requires Improvement

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 the last inspection this key question was rated as inspected but not rated. At this inspection this key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People were not always supported in a dignified manner and their independence was not always promoted. People told us staff did not support them to do what they could for themselves and they often felt rushed. One person told us, "I feel staff are rushing all the time. They don't have time for anything. For example, they will come in, make the dinner, plonk it down and rush straight off. The other morning, staff came at 6.40am, they washed me, gave medication and breakfast and were gone before 7.00am. Sometimes they will wash my feet but not usually."
- People and relatives felt this impacted on people's dignity. A relative told us, "Our evening staff are good, they have good English. The morning staff are not so good. They barely speak and they scrub [my family member] down as though they are on a production line, not unpleasant, just very rushed."
- People and relatives also felt that staff rushing impacted on people being able to sustain and develop their independence. One relative said, "[Staff] didn't ever encourage any level of independence, to do things for themselves, the time restraints were very tight." Another relative told us, "[My family member] wants to be independent but staff don't have much time to do anything."

We recommend the provider consider the training, language skills and practice of staff in relation to promoting independence and dignity and take action to update their practice accordingly.

- Staff understood how to maintain people's privacy by not sharing information, closing doors and windows and asking any relatives or visitors to wait in another room while people were supported with more intimate care needs. A relative told us, "[Staff] are very good with privacy, they always make sure it is private when they are doing any personal care."

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us they experienced difficulty with staff not being able to communicate well due to language barriers. One person told us, "The English of most of the staff isn't very good. They mostly understand me more than I understand them."
- People and relatives told us this had a negative impact on the care they received. One relative said, "Our regular [staff member] was good but some of the others were very difficult to understand, a couple we couldn't understand at all." Another relative told us, "The problem is that often the staff don't speak English and they don't speak the same language as each other either, makes it difficult."
- The provider had identified this area of concern and had changed aspects of their recruitment processes to ensure staff language skills was sufficient to meet the needs of people. They were also working with

longer term staff to improve their language skills, including offering formal courses. The registered manager told us they would review this further.

● People told us that overall staff treated them well, were respectful, caring and kind. A relative said, "The [staff] are good, they are friendly, and they are helpful, they do what they can." Another relative told us, "The carers were very gentle with [my family member]. They had a nice approach and they were happy with the staff."

● People's cultural and religious needs were assessed and respected. Staff told us how they went online to learn more about specific individual's faiths and customs so that they understood how best to support people.

● The registered manager had created a company food bank scheme. They used this to support people coming out of hospital who lived alone and did not have basic food and toiletry items in their home at point of discharge. This supported them to feel valued and maintain their dignity at home.

Supporting people to express their views and be involved in making decisions about their care

● People and relatives told us their needs had been assessed. For example, one relative told us, "[Staff member] came to discuss care with [family member], she took their history and all their likes and dislikes, it was a good session and we have a care plan."

● However, feedback from people and relatives was mixed about being involved in reviews of care. One relative told us, "Our care plan was out of date, they had used one from about a year ago when we previously used the service. This had the wrong phone number on it and so they didn't have my phone number when they needed it."

● The staff team made phone calls to a number of people each week to gain verbal feedback on the care and give people the opportunity to raise any concerns.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as inspected but not rated. At this inspection this key question has been rated requires improvement. This meant people's needs were not always met.

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

- Personalised care was not always being delivered. Although care plans were written in a way that identified personal preferences about how people wanted their care to be given, information was not always followed by staff. Staff were inconsistent with care visit times and did not always understand people's health needs.
- People's life experiences and interests had been included in care plans and these were reviewed and updated as changes occurred.

Improving care quality in response to complaints or concerns

- The staff team were very open about complaints. The registered manager ensured all lessons learnt were shared with other team members to try and reduce the likelihood of the concern re-occurring. Outcomes were used to look at how they could improve care provision in the future.
- The provider had a complaints policy and process in place and people and relatives told us they knew how to complain. Complaints or concerns, details of actions taken, and outcomes were recorded in a robust complaints system. One person told us, "They sent a male [staff member] once, they should never have done that. I phoned the office and they changed it straight away and it hasn't happened again
- People and relatives told us they had concerns about call visit times and staff language skills, but most had not raised these with the provider as the care contract was short term. The registered manager was already aware of the need to find ways to gain feedback on the end to end service delivered. They explained how they had regular contact to ask for feedback and review care but had recently decided to add other reviews. For example, an end of service questionnaire and more face to face reviews in order to try and find other ways to encourage people to speak up. This was planned but not yet implemented.

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.

- Language barriers between staff and people meant that verbal communication was not always presented in a way that people could understand. People and relatives told us how they were not able to understand staff and how staff in turn could not always understand what was being asked of them and what was in the persons care plan.
- People's communication needs had been assessed. While there was not anyone with specific communication needs currently being supported, staff understood about different methods that could be

used if required for written communication.

End of life care and support

● Staff had been trained in end of life care and people's care plans explained specific ways to support them depending on their needs.

● Staff explained how they worked closely with the palliative care teams, GP and community nurses to ensure people had adequate equipment and pain relief. Staff would refer to these services if they observed any changes in people's conditions.

● Care plans included additional sensitivities for staff to be aware of such the wishes of people about how staff should communicate with and support their relatives during this difficult time.

Requires Improvement

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 the last inspection this key question was rated as inspected but not rated. At this inspection this key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was not always a culture of personalised care with good outcomes for people. The registered manager ensured people's preferences were included in their care plans and had tried to develop an understanding of the importance of checking and respecting people's choices. However, language barriers with staff and inconsistent care visit times had meant this had not been achieved. People told us care was rushed and staff did not always understand what they wanted.
- Complaints were welcomed by the staff team so that they could use the information to improve practices and processes. Staff regularly sought people's feedback and gave them the opportunity to speak up. However, many people told us they had not made complaints. The registered manager planned to look into why this was and how people could be better encouraged to speak up when problems occurred.
- The registered manager had thought about how to ensure they could promote people's dignity when discharged from hospital by introducing the food bank for those who needed support when other service such as Age concern could not help.

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 and reported concerns and took positive action when things went wrong. They also ensured all relevant people were notified such as relatives, local safeguarding teams and the CQC.
- The provider displayed the most recent inspection certificate of the service in the office.

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

- The registered manager and staff team knew the requirements of their role and the legislation that impacted how they work. They understood how to keep people safe, support choice and consent and record what they had done. They understood the importance of learning about people's conditions and preferences and but had not always applied that learning to the care they delivered. Further learning was required in some areas.
- Audits to monitor the quality of the service provided were delegated to various members of the office and management team. These systems enabled registered manager and provider oversight of all areas of the care provided. They included staff competence and recruitment, daily care notes, medicines, complaints

and compliments, health and safety and care in practice.
● The registered managers quality monitoring systems had identified most of the areas of concern raised during this inspection such as inconsistency care visit times and language barriers. Action plans were already in place to look at how to continue to improve and sustain quality. The registered manager agreed to look into other areas of concern such as meal preparation but were still in progress to improve quality of care and these concerns had not yet been resolved.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People were supported to give feedback on a regular basis through phone calls, surveys and face to face discussion and reviews. While some people were not aware who the registered manager was, they knew they could call the office. One relative told us, "I met the [registered] manager when they brought the paperwork and the folder. They asked if all was okay and seemed very helpful. I don't know their name." Another relative said, "No idea who the [registered] manager is, but we did have a list of phone numbers if we needed them." The registered manager told us they supplied each person with details of contact numbers, staff names and positions in a folder.
● Staff told us they felt very supported by the senior management team and their peers. They felt able to go to them with any concern or support need and gave examples where the senior management team had listened to their suggestions or requests.
● The registered manager told us about a scheme they had started during the COVID-19 pandemic to support staff who were working under very difficult conditions. This included setting up a 'safe haven' room in the office building that was deep cleaned daily and could be used to take time to relax and help themselves to food and drink.
● They had also introduced a scheme to anti-bacterial clean staff cars while they relaxed in the 'safe-haven' room and to deep clean staff uniforms which were returned to them the following day. This helped staff to feel valued.

Continuous learning and improving care
● The registered manager had a strong focus on ensuring all staff understood the learning from any incidents or accidents. They shared these during staff one to one and team discussions and group newsletters and private social media groups. This learning was used to develop the business improvement and sustainability plan.
● Senior staff followed up on actions from lessons shared through observations of staff practical skills, feedback from people and competency tests on theory and knowledge. Where there were signs of a failure to improve, they began disciplinary proceedings.

Working in partnership with others
● Staff worked regularly with many health professionals such as the hospital discharge teams, GP's district nurses, occupational therapists, speech and language therapists and the palliative care team.
● The hospital discharge team were responsible for making referral to any required external professionals prior to the person being discharged. However, where this had not happened the registered manager explained how they work with the GP to ensure the correct referrals have been made. This helps to keep people safe and ensure they had the correct equipment, medicine and specialist guidance for staff.