

Apex Prime Care Ltd

Apex Prime Care Farnborough

Inspection report

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Farnborough
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 Farnborough is a domiciliary care service providing personal care. The service provides support to younger and older adults who may have a sensory impairment, physical disability, mental health diagnosis or be living with dementia.

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

Overall most people and their relatives were generally happy with the service, however, some were not completely satisfied with all aspects of the service provided.

There was a lack of allocated travel time for staff between people's individual care calls and some calls were shortened with the person's agreement once their care was delivered. The potential risks to the rights of people living with dementia from this had not been identified.

People were involved in decisions about how to manage risks to them and measures to address identified risks were in place, which staff understood. However, staff were not always aware of people's written additional risk assessments. There was not a robust system to record and review all safety related trends, although the registered manager was aware of them all and relevant actions had been taken for people's safety. Safeguarding processes were in place and staff underwent relevant training. We identified one incident which whilst the person did not suffer harm should have been reported to the local authority. We identified two statutory notifications which had not been submitted as required. The registered manager took immediate and robust actions to address the issues we identified for people.

People received their medicines safely from appropriately trained and competent staff. The provider had in place effective infection control measures. Staff understood their responsibility to raise any concerns.

People's needs had been assessed. Staff overall had the knowledge and skills required to deliver people's care. The registered manager monitored staff's learning needs and arranged additional training where required. People were supported by staff with eating and drinking where required. Staff worked both together as a team and across organisations to ensure people's health needs were met and they received effective care and support.

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 treated people with kindness, respect and compassion when they provided their care. Staff supported people to express their views and to participate in decisions about their care. Staff ensured people's privacy, dignity and independence were respected.

Staff provided people with personalised care which met their identified needs. People felt able to raise issues if required and relevant actions were taken to investigate them. Staff had not provided end of life care but the provider's training and guidance was available as required.

People and their relatives felt overall the service was well-led. The registered manager had managed the service through a number of events during the past year and staff reported they had been well supported through the changes. The registered manager had processes in place to assess the quality of the service provided. They acted promptly in response to the feedback provided to strengthen aspects of their auditing processes. Professionals all provided positive feedback about the service and the outcomes they had achieved for people.

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

Rating at last inspection

This service was registered with us on 18 March 2021 and this is the first inspection. The last rating for the service under the previous provider was good, published on 25 May 2018.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement



Is the service effective?

The service was effective.

Details are in our effective findings below.

Good



Is the service caring?

The service was caring.

Details are in our caring findings below.

Good



Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good



Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good



Apex Prime Care Farnborough

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 an inspector 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.

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 the service 48 hours' notice of the inspection. This was to ensure relevant staff were available to support the inspection.

Inspection activity started on 16 May 2022 and ended on 25 May 2022. We visited the location's office on 16

May 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since registration. We sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection

At the site visit we spoke with the registered manager, three staff and a health care professional. After the inspection we spoke with five people and five relatives about their experience of the care provided. We also spoke with the regional manager and a further three staff and received written feedback on the service from four health care professionals. We reviewed eight people's care plans and records and five staff recruitment files. We also reviewed records relating to the management of the service, including policies, procedures and training data.

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 of this newly registered service. 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

- People's care plans documented the commissioned duration of their care calls. Staff told us there was not any allocated travel time between people's booked care calls, which led to them either running late or shortening people's calls. Travel time between each care call was required, to ensure people received the amount of care agreed as per their care plan. Providers should consider travel time as per National Institute for Health and Care Excellence (NICE) guidance.
- Although the provider only accepted commissioned care calls of a minimum duration of 30 minutes, people's daily records showed often their care calls were shortened. A relative confirmed their loved one's calls had been shortened. They had recently raised this issue with the provider and this was being investigated. Records showed staff ensured they had completed people's care tasks to meet their needs as detailed on the provider's app and then asked the person if they required any further care before they left.
- People who required company and stimulation as a planned outcome of their care, frequently did not receive the full time as agreed in their care plan in order to achieve their planned outcomes in relation to emotional health and social interaction. We saw one person living with dementia had most of their calls shortened and some were only 15 minutes long. This person had capacity to decide if staff could leave once their physical care had been provided, but staff had not fully understood the amount of time commissioned was to meet the person's planned outcome for social interaction. The potential risks to the rights of people living with dementia or memory loss from shortened calls had not been identified.
- We discussed these issues with the registered manager who immediately acted, to ensure travel time between care calls was built into staff's rosters and provided evidence. They also took action to ensure people either received their planned call time or where they were happy for their calls to be shortened, this was agreed with them and documented within their care plan. They also arranged further staff training in relation to meeting the emotional needs of people living with dementia to ensure all staff fully understood how to meet their outcomes related to their emotional needs. .
- There were sufficient numbers of suitably trained staff to provide people with a consistent service. The provider had sufficient staffing capacity. Staff were arranged into geographical areas to minimise staff's travel time and distance between people's care calls.
- People's care calls took place within an agreed time range with the person, which depended on their level of need and risks. This enabled the provider to prioritise the delivery of people's care and ensured the needs of people who required their care at a specific time, for example, due to their level of risk or to enable the administration of time specific medicines could be met. Most people were satisfied with this, but one relative reported care calls did not always take place at the times planned.
- The provider operated safe recruitment processes and ensured required pre-employment checks were completed. These included a Disclosure and Barring Service (DBS) check. The DBS check provides

information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

- The risks to people identified within the provider's electronic care planning system had been assessed, and measures were in place to address them. For example, in relation to their environment, medication, moving and handling, falls and fire. Staff completed an additional risk assessment for other risks to people, for example from, epilepsy or diabetes. Care staff we spoke with understood how to manage these specific risks to people and people confirmed staff managed risks to them safely. However, they were unaware of the additional written risk assessments. One person had recently experienced a seizure and they were admitted to hospital. The registered manager provided evidence this person's care plan and risk assessment had been updated and cross-referenced to ensure staff were aware in writing of their epilepsy risk assessment. The registered manager has now introduced additional measures to ensure all staff are aware of the additional risk assessments.
- The registered manager was aware of all incidents and how risks to people were being managed and any required actions had been taken to ensure people's safety. However, there was not a robust process to record all potential safety incidents.
- The provider's accident reporting policy required staff complete an incident form for any incident where a person either suffered an injury or was at risk of suffering an injury. The incident log contained details of some, but not all incidents which met this criterion. Information about other incidents and the actions taken was captured either in people's notes or the hospital admissions log. The registered manager had regular verbal contact with the regional manager and completed a weekly written report for the provider, however, this did not include incidents unless they related to a safeguarding alert, CQC notification or a complaint. However, no one had experienced harm as a result and professionals reported risks to people were well managed. There was not a robust process to formally report to the provider on all potential safety issues. This has been brought to the registered manager's attention and they advised this information would be added.
- Health care professionals told us staff worked proactively with them to manage complex risks to people's physical and mental well-being. This included involving people in making decisions about how risks to them were to be managed and supporting people to build their confidence in the use of new equipment. This had resulted in positive outcomes for people, who had been enabled through staff's interventions to remain within their own home as per their wishes.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed safeguarding training which they updated annually and safeguarding was discussed at staff meetings. Staff had access to the provider's safeguarding guidance. Staff understood what to report and how. People confirmed they felt safe in the care of staff.
- Incidents had been reported to safeguarding as required. However, records showed a person's care call and medicines support had been missed on one occasion. Although the person suffered no resulting harm and staff took the correct measures to assure themselves of the person's safety and welfare and consulted them and their family about their wishes. They had not informed the local authority as required as the lead agency for safeguarding. To enable them to consider whether any further action was required under safeguarding processes. When we brought this to the registered manager's attention, they took immediate action and reported the concern to the local authority. No further actions were required.

Using medicines safely

- People's care plans detailed the support staff were to provide people with their medicines, including the arrangements for ordering them. People received their medicines including those taken 'as prescribed,' from

trained staff whose competency was assessed. Staff had access to relevant medicines guidance. People confirmed staff administered their medicines as needed. A relative said, "The medication, they [staff] do in a morning and they always seem to know what they are doing with it and I find that reassuring." Staff then recorded the administration of people's medicines electronically and these records were checked for completeness

- Staff worked effectively with each other and other agencies to share the responsibility of giving people their medicines. A health care professional confirmed staff managed medicines for people safely and were observant and reported any concerns to them so the correct actions could be taken.

Preventing and controlling infection

- We were assured the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured the provider was accessing COVID-19 testing for staff.
- We were assured the provider's infection prevention and control policy was up to date.
- Staff received training in prevention and infection control.

Learning lessons when things go wrong

- Staff understood their responsibility to raise any concerns. They told us they reported any incidents directly to the office staff. Incidents had been investigated where required and relevant actions taken. Staff were informed of any changes to people's care required as a result.

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 had comprehensive assessments of their needs and the expected outcomes from the delivery of their care were identified within their care plan and reviewed. A relative confirmed, "One of the supervisors, came a few months back and re-did the care plan and covered all [name of loved one's] needs and yes they do stick to it and I'm really pleased with it and its all on their phones. So if anything changes then they [staff] get the update quickly."
- People's sensory, cultural and religious needs had been documented within their care plan for staff's information.
- People's care and support was planned in accordance with best practice guidance and the use of technology. Where people required support with their oral health care for example, this had been documented as per good practice guidance. The provider used an app to guide staff in the delivery of people's care. This ensured office staff or the on-call were alerted if any aspect of care was not delivered for a person, which enabled them to take any required actions promptly.

Staff support: induction, training, skills and experience

- Staff had the required qualifications, skills and experience. Staff completed an induction to their role and The Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. New staff shadowed more experienced staff, to enable them to understand people's needs.
- Most people and their relatives felt staff were well trained, their feedback included. "It's the way they've been trained that seems to be very good" and "They [staff] know what they're doing." One relative felt staff needed additional skills in working with people who had care needs related to their mental health. The registered manager was aware of this need and was arranging additional training for staff. A professional confirmed staff embraced any additional training opportunities, to enhance and develop their skills.
- Staff told us they were supported in their role through their induction, supervisions, spot checks of their practice, annual appraisals and opportunities for career development.

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

- Staff involved people in decisions about what they wanted to eat and drink. People's care plans noted their preferences and instructed staff to ensure they were offered choices. A person confirmed, "I have ready meals delivered so they [staff] make those for me and yes they give me a choice at mealtimes." Staff ensured people were left with snacks and drinks for between their care calls where required. Staff had guidance to report any concerns about people's eating or drinking to the office.

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

- Staff worked both together and across organisations to ensure people received effective care and support. Professionals confirmed staff made appropriate referrals for people as required. For example, to arrange the servicing or replacement of people's equipment they required for the delivery of their care or to arrange for their care needs to be re-assessed. Staff also completed joint visits with professionals to people where required. Staff ensured they liaised with both the hospital and commissioners if a person was admitted. Professionals told us staff then worked with them effectively to re-start people's care when they were discharged.

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

- Staff were provided with information about people's medical conditions and their impact upon the person. There was guidance for staff about how to meet people's day to day health needs. For example, ensuring the person had plenty to drink if they were at risk from a urinary tract infection.
- Staff identified issues which could potentially impact people's well-being and contacted relevant health care professionals with people's agreement as required. People's care plans were updated to reflect any professional guidance received.

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 MCA 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 ensured where possible people were involved in decisions about their care to ensure their human and legal rights were upheld. People were asked to sign to demonstrate their involvement in decisions about their care.
- Staff had completed training on the MCA and understood its application to their role. Staff consulted with people's attorney where they had a registered lasting power of attorney in place if they lacked the capacity to make a specific decision.
- There was best interest guidance on the provider's MCA tool for staff to follow in the event a person lacked capacity to make a specific decision. However, it had not been included or referenced in their MCA policy. This has been fed back to the provider for them to consider if any action is required.

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

- Staff treated people with kindness. People and relatives reported staff had a caring attitude. Their feedback included, "I can't fault the way they care for me really as they are all very kind and respectful" and "They [staff] always seem to be kind and gentle and they do seem to care." This feedback was also reflected in compliments the provider had received about staff's work.
- People experienced positive relationships with staff. A relative said, "They [staff] never rush [person] or compromise her dignity and they laugh with her and she really does like them." Another relative said, "They sing and laugh with her and they really are kind with her." A professional told us how well staff engaged with people who did not initially want support and of their positive impact on people's wellbeing.
- People's care plans contained information about their personal history, to enable staff to get to know them and to provide topics for discussion. People's routines and preferences were noted and staff could access this information on the app. People's communication needs were noted within their care plan and staff were provided with relevant information about how best to support the person to communicate their needs and wishes.

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

- People's rights were set out in the provider's service user guide and policies, and they had a copy of their care plan in their home for their information.
- People's records documented their involvement in decisions about their care and recognised when they might want the involvement of someone else such as a family member. People and their relatives where they wished them to be, were involved in making decisions about their care. A relative said, "The staff are absolutely wonderful and really do listen to us both and yes I think they do anything we ask and nothing is too much trouble." Professionals confirmed staff involved people in decisions about their care and respected their choices. People were provided with information about advocacy services where required.
- People were given information about any potential restrictions on the times staff could provide their care at their initial assessment, to enable them to make an informed choice.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. There was appropriate guidance for staff about how to uphold the person's privacy and dignity in their care plan.
- People were able to exercise choice. A relative told us how staff respected their loved one's wishes, with regards to the gender of staff who supported them and ensured their preferences were met. Whilst another relative said, "The male carers are great as well, they are genuinely kind and it's nice for him to have men." Staff listened to people's preferences which were met.

- Staff supported people to maintain their independence. People's care plans identified those aspects of their care they could complete for themselves. People told us how staff had enabled them to both retain and regain their independence. A person said, "The care has changed a lot as I have improved and I've always found them [staff] to be very good at seeing when I have needed more help or less help."

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's care was planned with them and reflected their needs and preferences, including those related to their protected equality characteristics. Staff were informed about and understood people's care needs. Professionals told us staff provided people with person centred care which focused on their whole life and addressed all of their identified care needs. A relative told us how their loved one's former occupation meant they had liked being outdoors. They said, "They [staff] wheel him out in the garden when the weather is nice as he was used to the outdoors and they know this, so try to help him be outside as much as he can."
- People's care was regularly reviewed with them and staff were then updated about any resulting changes to the person's care plan. Staff advised commissioners if people's call duration required amendment in response to changes in their care needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had an accessible information policy. People's communication needs were noted in their care plans and whether they required information to be provided in an alternative format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans provided information about people's backgrounds, including their family, interests and hobbies. Staff supported people to undertake activities of interest to them such as walks or shopping where this care was commissioned. They also provided support with practical activities such as food shopping.
- People's rosters were organised to take into account any support they required to attend activities. A relative confirmed staff ensured their loved one was up and ready to attend their day service.

Improving care quality in response to complaints or concerns

- People were provided with information about how to make a complaint and told us they felt confident in doing so. Records showed complaints received had been investigated and any required actions taken to improve people's experience. One person told us they had made a verbal complaint. Although this

complaint was being investigated, it had not been logged in the complaints log, as per the provider's complaints policy. We have brought this to the registered manager's attention, to enable them to take the required action, to ensure all complaints are logged as required.

End of life care and support

- No-one was receiving end of life care. Staff had not yet completed the provider's end of life care training but the registered manager advised this could be requested when required. An end of life care plan was also available for staff to capture people's wishes. Staff had access to the provider's end of life policy to guide them and those spoken with felt they would be appropriately supported to provide this care for people.

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 their relatives felt overall the service was well-led. Feedback from people and their relatives included, "Well, they always consult me and tell me things and their notes are all done on their phone now so the managers know straightaway if anything needs updating or changing" and "I'm very happy with the service." A relative reported they did not always find communication with the office staff to be organised. Professionals reported there were good levels of communication.
- The provider's statement of purpose set out their values, aims and objectives for the delivery of the service. Staff told us they learnt about the provider's values during their induction.
- Staff told us they felt well supported by the registered manager and the office team. The registered manager told us they had a 'Carer of the Month' scheme, to recognise and reward staff based on people's feedback.

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 their legal responsibility and ensured people and their relatives were informed about any safety incidents.

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

- The registered manager had submitted statutory notifications to CQC. We identified two safeguarding incidents during 2021 where records showed CQC had been notified, however, the notifications had not been submitted. We brought this to the registered manager's attention, who immediately submitted them. No-one experienced any harm from the delayed submission of these notifications. Since a new regional manager took over the service earlier in 2022, they have introduced a new process for the weekly reporting of any CQC notifications. This has reduced the likelihood of reoccurrence.
- Staff understood their role and responsibilities. They were motivated in their work and professionals confirmed they achieved good outcomes for people. Staff had confidence in the registered manager and felt able to speak out. The registered manager understood the importance and the responsibility of their role. They were open to feedback and acted upon it.
- There had been significant challenges to the service within the past year, in addition to the COVID-19 pandemic. The registered manager had supported staff through the transition from the old provider of the service to the new provider. They had also managed the provider's takeover of a second domiciliary care service, which included an additional 30 staff and 66 people. They had managed both the delivery of care to

the new people and the integration of the two staffing teams. The staff who transferred over were positive about how this had been managed and we saw the provider had received written compliments from staff who had transferred. In addition the registered manager had managed the provider's move from paper records to an electronic records system, which had been a significant piece of work by the office team.

Continuous learning and improving care

- The registered manager had processes in place to assess the quality of the service and to drive improvements for people. These included, reviews of people's care, spot checks, supervisions and audits of care plans, care notes, medicine administration records, call times, and staff recruitment audits. The provider's care planning app identified if staff had not completed any planned outcomes for a visit, office staff or out of hours cover were immediately alerted and could take relevant actions. The registered manager also ensured a spreadsheet was maintained which provided an overview of the checks completed. A weekly report was submitted to the regional manager.
- As detailed in safe, we identified some aspects of the quality assurance arrangements required review. The registered manager was open to feedback and has taken prompt action to address the issues identified. The regional manager is also supporting the registered manager with the actions they are taking.

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

- The views of people and their relatives were sought and acted upon to shape the service. Following people's reviews, staff were sent detailed feedback about any changes required for people and why. They were also informed of what was going well for people, to encourage and motivate them.
- People's views were also sought through spot checks on staff's work and the provider's annual survey which had recently been circulated. A person confirmed, "I feel listened to." There were regular staff meetings and staff in each geographical area had their own communication app to share information and updates. Staff felt engaged with the service and part of the team. A range of compliments about the service had been received from people, staff and professionals.

Working in partnership with others

- Staff worked transparently, collaboratively and openly with relevant stakeholders and agencies. They worked in partnership to support the provision of people's care. Professionals who provided feedback were all positive about both the service and the outcomes staff had achieved for people.