

APT Care Limited

APT Care Limited

Inspection report

Unit 1, Part A
Hammond Road, Elms Farm Industrial Estate
Bedford
Bedfordshire
MK41 0UD

Tel: 01234930130
Website: www.aptcare.co.uk

Date of inspection visit:
25 April 2019
29 April 2019
30 April 2019

Date of publication:
04 June 2019

Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service: APT Care Ltd (Bedford) is a domiciliary service that was providing personal care to 28 people at the time of the inspection. Only 22 of those people were receiving the regulated activity of personal care.

People's experience of using this service:

People told us they felt safe and thought staff were kind and caring.

One relative said, "[Staff members name] is very good they are there most of the time and are an excellent carer. I love the way they talk to [my family member] [staff members name] sits on their bed and has a chat. It's just so nice to see. I don't have to worry."

The registered manager had systems and processes in place ensuring risks were well managed and care was personalised and reviewed.

Staffing levels, skills and experience were not always suitable to meet the needs of people. Some staff were not able to demonstrate a clear understanding of how to keep people safe and support consent and decision making.

The provider implemented safe systems for the management of medicines which included staff training and assessments of staff competency. However, more information was needed when recording the outcomes of competency checks and audits.

Staff had a good understanding of preventing the spread of infection by using the protective equipment and good hand hygiene.

The registered manager shared lessons learnt with staff and managed complaints and concerns in an open and honest way.

People told us, they felt involved and listened to in relation to their care needs. People also said staff respected their wishes and preferences and were supported by them to make decisions.

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

Staff supported people with meals and drinks and to access specialised healthcare when needed.

Care visits were timely and the registered manager and the staff team were clear about their roles and the impact of good care.

The registered manager showed ways they were working with other agencies and providers to share ideas and improve their service.

Rating at last inspection: At the last inspection the service was rated Good (Published 22 December 2016). Overall, since the last inspection, the service rating has dropped.

Why we inspected: This was a planned inspection based on previous rating.

Follow up: We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The service met the characteristics of good all effective, caring and responsive and requires improvement in safe and well-led. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

APT Care Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out this inspection. The inspector visited the site on 25 April 2019 and spoke with relatives and professionals involved in the service on 29 and 30 April 2019.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, people with a learning disability, younger adults and people with a physical disability and sensory impairment.

Not everyone using APT Care Ltd (Bedford) receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means 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 visit because it is a small service and the manager is often out of the office supporting staff or providing care. We needed to be sure they would be in.

Inspection site visit activity started on 25 April 2019 and ended on 29 April 2019. We visited the office location on 25 April 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection we:

Researched feedback received about the provider to CQC as well as online, reviewed information about incidents that have occurred since the last inspection, reviewed any complaints and compliments received since the last inspection, reviewed the providers own website, notifications we received from the service. Notifications are documents disclosing information about specific events the provider is legally required to tell us about.

During the inspection we:

Spoke with the registered manager, the care co-ordinator and a senior care assistant, gathered information from two care files which included all aspects of care and risk, looked at two staff files including all aspects of recruitment, supervisions, and training records, health and safety records, records of accidents, incidents and complaints, audits and surveys, complaints and compliments.

After the inspection, we:

Spoke to two people receiving care from the service and three people's relatives, spoke to three care staff members, spoke to one health and social care professional.

Is the service safe?

Our findings

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

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.

Systems and processes to safeguard people from the risk of abuse

- The registered manager used systems and processes to check staff practice, identify any concerns and ensured people were safe. One relative told us, "[My family member] does feel safe, if they didn't the staff wouldn't be with us now. I ask [my family member] do you like them and she does."
- The staff received training on safeguarding adults, however not all staff were able to demonstrate a clear understanding of what safeguarding meant and how they would keep people safe. For example, some staff gave examples of possible safeguarding scenarios while other staff did not understand what safeguarding meant.
- We spoke to the provider about the standards of training and how they needed to ensure training enables everyone to fully understand their responsibilities. The provider agreed they have started to access alternative training providers in the company.

Assessing risk, safety monitoring and management

- The registered manager wrote, reviewed and updated people's risk management plans. These plans were very detailed and covered all aspects of how to support people's physical, medical, environmental and personal needs. People's preferences were also recorded.
- The registered manager directly communicated changes in people's care needs to staff, to help staff's understanding of this.
- Staff were able to give examples of where a change in a person's needs had required them to report this to the manager who then involved the appropriate health professionals for advice. Staff further confirmed a variety of health care professionals such as an occupational therapist and district nurses were accessed when needed.

Staffing and recruitment

- Recruitment policies and processes in place ensured staff were suitable for the role. The registered manager had adapted documents to ensure records clearly identified any gaps in staff's employment history and how these were checked.
- The staffing levels were based on people's assessed needs and were safe.
- Staff had the right skills and experience for the role.

Using medicines safely

- Systems in place for monitoring the safe management of medicines needed improvement. We suggested the registered manager recorded in more detail the discussions and outcomes of informal supervision with staff when addressing any administrative or other types of medicine errors.

- The registered manager trained and assessed staff in medicine administration and theory and practice to ensure competence. People's care plans had information about the medicines used to better inform staff.
- A relative told us, "Staff prompt [my family member] about their medicines. Staff do help them with their creams and things like that."

Preventing and controlling infection

- Systems were in place to minimise the spread of infection such as the use of personal protective equipment.
- Staff confirmed they had enough access to personal protective equipment such as gloves and aprons. One member of staff said, "We always wash our hands before and after jobs, when we prepare food we wash hands, we use different chopping boards for different things in people's homes."

Learning lessons when things go wrong

- The registered manager had a good understanding of processes for learning from when things went wrong and shared this information with the staff.
- The registered manager shared the outcome and lessons learnt of a recent safeguarding incident with staff at the latest staff meeting to learn how it had happened and agreed what staff can do to avoid similar in the future.
- Staff told us, "The [registered manager] is quite approachable and I feel I am free to say anything I want so if I saw anything or I felt there is something I want to say."
- The staff member went on to give an example where a person had been racially and verbally aggressive towards them. The staff member had reported the situation to the registered manager who reported it to the social worker and together they supported the staff member and addressed the discriminative behaviour with the person receiving care.

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

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

- The registered manager had systems in place for conducting initial assessments of people's needs. Care plans and risk assessments included all aspects of their choice, preference, beliefs, health and wellbeing.
- A relative told us, "I feel if I rang [name of registered manager] and said [my family members] needs had changed and they needed something tomorrow they would make it happen and try their hardest to ensure it happened as soon as possible."

Staff support: induction, training, skills and experience

- The provider used an induction program which included all relevant training and job shadowing for inexperienced staff. Staff felt very supported and the registered manager conducted staff supervisions, appraisals and competency checks of staff practice. they received good training.
- Externally provided training was effective such as moving and handling people and use of hoists. The occupational therapist confirmed to one relative staff were using hoists and moving people correctly.
- However, staff understanding of other training such as safeguarding, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) varied.
- We suggested to the provider they looked into other options for training staff that enabled staff to fully understand their responsibilities and understanding be more thoroughly checked.

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

- For the people who did need support with eating and drinking, their dietary preferences were clearly explained in their care plans to better enable staff to meet people needs. A relative told us, "They [staff] make cups of tea and get her lunch. [My family member] has prepared meals and staff will leave a note if she hasn't eaten all her food so they [staff] are really pretty good."
- One person requested the staff supporting them have the skill to make them chapattis for their lunch and this was arranged.
- Staff told us about how they support people with swallowing or chewing difficulties to manage their food safely. Staff had detailed knowledge of the dietary needs of the people they supported with food and drink.

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

- Records of care visits in daily notes confirmed the provider was delivering care at the agreed times. One relative told us, "It was at first hit and miss on time but now they [staff] are on time so that's good. Staff are all kind and [my family member] likes all of the staff and there is no-one they don't like."
- The registered manager had systems in place for monitoring any missed care visits daily. We recommended they checked these records more than once a day to ensure any missed visits were identified sooner. The registered manager agreed to start this practice.

- Contingency plans were in place as to how staff would ensure no missed care visits in emergencies such as bad weather.

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

- The registered manager acted as a liaison with health professionals to ensure the correct assessments took place. Staff observations and joint working with health professionals had reduced the amount of urinary tract infections for one person.
- People had access to health professionals as required. We saw the registered manager liaise with both health and social care professionals to meet people's needs when concerns arose during the day of our site visit. One relative said, "Staff do whatever the district nurse tells them in order to prevent sores...staff are quick to call the doctor. I know full well [my family member] is being cared for and [my family member] is very happy with the care."

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, 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 with appropriate legal authority.
- We checked whether the service was working within the principles of the MCA and found the principles of the MCA were being met.
- Mental capacity assessments and best interest meetings had taken place for one person to ensure their medicines were stored safely. DoLS applications were being made and the social worker would need to make an application to the court of protection to ensure decisions were made in the persons best interest. This process was currently in place.
- Most staff were able to demonstrate a knowledge of their responsibilities under the MCA and DoLS. For example, one member of staff said, "If someone refused care, first I would try and talk to them and explain it is very important for them and if they still refuse I would record on the care notes and report to the office. You have to check if they have capacity to make that choice."

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

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 received training on equality and diversity. The registered manager tested staff knowledge periodically through supervision and spot checks of practice.
- People told us, "They [staff] wash me and treat me with respect. We do it automatically now as we have got to know each other so well but they [staff] are pretty well on the mark."
- The registered manager gave examples of how they ensured staff could speak the language of the people whose first language was not English. Staff told us people were happy as then able to communicate their needs with more clarity.

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

- People confirmed they were involved at all stages of care planning and made their own decisions about their care. One relative told us, "We have reviews; however, I have such a good relationship with [APT management and staff] will call me and we are happy to discuss any tweaks on the phone."
- Documents looked at showed evidence of people's involvement in initial assessments and ad-hoc reviews as well as formal reviews. Staff told us, "Planning is all about the people, a person-centred care plan is fixed around that individual person, we take into account their needs and wants and religion. And for them to be a part of it. They have to be included."
- Records showed the registered manager and care staff had regular conversations about the care and any changes or extra one-off services needed.

Respecting and promoting people's privacy, dignity and independence

- People told us staff upheld their privacy, dignity and independence. A relative told us, "I think they [staff] are quite caring, [my family member] is blind and they are not as mobile as they used to be so staff were trying to get them up to encourage their independence. My [family member] would ask for help where they needed it like 'take my hand'."
- Staff explained how they promoted people's independence by enabling to do what they could for themselves while still upholding their dignity.
- The registered manager told us, "One person needed two carers to support them and their mobility improved and they went down to just one carer as they could now get into the standing position."
- Staff received training on confidentiality and information governance. The registered manager securely stored all paper and electronic records. Staff told us, "We keep the information only in the folder, we don't speak after work about what we have found at work. For example, if I got a phone request for information, I would explain at first I cannot speak as I would need to see identity."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us staff were supporting them to meet their individual needs in relation to health, cultural and social needs. One relative told us, "Some days [staff] try to make things happen for me outside of care visit times. For example, APT staff put in an extra care visit to make sure [my family member] was more comfortable for me as I couldn't do that myself."
- The registered manager gave an example of one person who was unable to speak to their family as they had lost their telephone. The staff got the person a new phone in one day which enabled them to speak to their relative abroad on Mother's Day.
- Care plans and care records showed people's preferences and wishes were at the core of the planning process.
- The staff had ensured people's routines were detailed and in line with their preferences when writing people's care plans. For example, one person's care plan stated, 'Staff to gain access via key safe. I will be in bed on arrival. Staff to assist me whilst I slowly sit up from lying in my bed'.
- The registered manager used information about people's history to enable staff to have a better understanding of people, their interests and preferences.
- Care records updated daily by staff documented relevant information. We suggested more personalised information such as, people's emotions, interactions and outcomes would further develop these records.

Improving care quality in response to complaints or concerns

- The registered manager showed an open and honest approach to managing complaints when they occurred. Actions and outcomes are all documented, for example, where staff had raised concerns about one person's care package no longer meeting their needs safely and the work completed with social services to reassess and get the correct support put into place.
- A relative told us, "I have a very good relationship with [registered manager] and the staff who do the organising, they would listen absolutely and are definitely very accommodating."
- Staff told us, "Sometimes when we have team meetings we all chat and we give ideas to [registered manager] such as 'why don't we do it this way?'"
- The staff member went on to give an example of one person who could communicate in English but later decided they preferred to be able to speak to staff in their first language. They asked to have staff who were from the same culture to be able to cook their favourite foods and speak their language. Staff had suggested this at a team meeting and the registered manager had implemented the change. Staff informed us the person is now much happier and able to freely communicate.

End of life care and support

- The service was not currently supporting people with end of life care but had good systems in place to support people if required, such as training, policies and care plans.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The management team and care staff were all very passionate about ensuring they gave quality, person-centred care.
- People and relatives said the service was well run and they received a good quality care One person told us, "[Registered manager] and the [care co-ordinator] are excellent. Any issues we had in the start they dealt with straight away. We now have no problems. I look on the sheets they sign each day and the [documented information] matches what [my family member] tells me, they are very happy with the staff."
- The registered manager had a good understanding of their responsibilities. However, there were some areas that required improvement in relation to clearly documenting actions and outcomes of audits and performance management issues.
- The registered manager and provider also needed to ensure staff were suitably supported to access and fully understand sufficient training and development to enable them to fulfil their role.
- The registered manager welcomed regular feedback and ensured concerns were managed quickly and safely.

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

- The registered manager and staff team were all able to define their roles, how to put these into practice, learning from experiences internally and externally to improve the service provided.
- The staff team were motivated and all understood the impact of good care on the people they were supporting.
- Staff felt valued and well supported by the manager. The atmosphere in the office was friendly and positive with lots of light banter and laughter amongst the staff and the registered manager.
- One staff told us, "I could not find anyone better to work with than [registered manager]. They are brilliant and what's really good is it is flexible [the provider] and [registered manager] are both brilliant."
- The registered manager showed a good understanding of legislation. This included the requirements of the Health and Social Care Act and their responsibilities within their management role.
- The provider used governance systems for auditing and monitoring care provision and standards and accepted accountability for these.

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

- There was regular engagement with people and staff to feedback on the service provided. Staff told us, "We

always speak to [registered manager], they are a really nice person and always listens to us. If the manager is nice we stay. Staff and management are always helpful, they will always try and be flexible to helpful."

- People and staff gave positive feedback about the registered manager and care staff.
- Information was in formats suited to the individuals' communication needs such as large print or read out verbally to people.

Continuous learning and improving care

- The registered manager used audits and feedback to develop and improve the service and relayed this to their staff team.
- Staff told us, "Yes, I feel happy to talk to [management], I do it all the time, [registered manager] especially is very helpful. They take action and change things we mention all the time."

Working in partnership with others

- The registered manager showed how they worked with others and external health professionals to help improve the quality of life for people. For example, ensuring the correct care package was in place.
- The registered manager had not yet had the opportunity to attend locally provider forums and other networks but confirmed the provider attended these and passed down information learnt that might improve the service.