

APT Care Limited

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## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

APT Care is a Domiciliary Care Agency that provides personal and nursing care for people. 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. There were 32 people receiving regulated care at the time of the inspection.

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

People received safe care. Staff were aware of their responsibilities to keep people safe.

Staffing levels were adequate. Staff recruitment was followed to ensure suitable staff were employed. People told us they felt safe and staff were well trained with the skills to provide care for their needs.

People were supported to take their medicines in a safe and timely way.

Staff were caring, and the care delivered was around people's individual needs. Technology was used to improve the service for people. People's healthcare needs were well-managed, and staff sought support from health care professionals as required.

People's nutritional needs were supported.

People's care plans were person-centred, and staff had the information required to provide care in an individualised way. People had the opportunity to give feedback and make suggestions to improve the service.

The service was well-led. Staff felt well supported by the management team. Systems were in place to monitor accidents, incidents and complaints, to learn lessons and make improvements.

The service was working within the principles of the Mental Capacity Act. 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was requires improvement (published 23 August 2018) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

## Why we inspected

This was a planned inspection based on the previous rating.

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for APT Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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?

The service was safe.

Details are in our safe findings below.

Good ●

### 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 ●

# 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. 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

The inspection team consisted of one inspector and an assistant inspector.

#### Service and service type

APT Care 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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch, an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, operations manager, and care workers

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment 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.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

At our last inspection, risks were not sufficiently managed to protect people's health, welfare and safety. Shortfalls were identified in medicines management practice. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

### Using medicines safely

- Medicines systems were safely organised, and people were receiving their medicines when they should. Staff were following safe protocols for the receipt, storage, administration and disposal of medicines.
- People told us, they got their medicines when they needed them, and staff explained what they were taking.
- Staff had received appropriate training and had their competency assessed by the registered manager yearly. Staff told us they thought the training was good. Spot checks on staff were undertaken by the registered manager every four months and medicines charts were audited by the management team on a weekly basis. Issues found were raised at meetings and at supervision sessions. Staff were asked to complete additional training if issues were not resolved.
- Protocols for 'as required' medicines were being reviewed, with changes made, to ensure they were personalised and staff could clearly identify when they were required.

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

- People told us they felt safe with the staff supporting them.
- Staff had training in safeguarding of adults and knew how to keep people safe from harm. Staff knew how to recognise abuse and how to raise concerns and were confident these would be dealt with by the management team. Staff told us they knew the number for an external safeguarding service if they need it. One member of staff said, "I know what to look for, I would record it in the notes and tell the manager immediately".
- The management team understood their responsibilities for keeping people safe from abuse. Safeguarding concerns were reported to the local safeguarding team and CQC for monitoring purposes.
- People told us staff wore uniforms and badges for identification. Staff we saw, who visited the office during the inspection were wearing uniforms and identification badges.

### Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm.

- Care plans contained information to help staff recognise changes in people's health care conditions such as diabetes, to keep them safe. Staff had company phones which were used to inform other staff of changes in people's health conditions. This ensured that staff caring for people and the management team were able to keep on top of changes and update care records immediately.
- Staff told us they received training in any equipment they used to help people, to ensure they knew how to use it safely.
- The management team had identified people who were vulnerable in their own homes and had contacted the local fire service to support them in the event of an emergency.
- Staff who were lone workers, logged the time they returned home via a 'phone app', so the service could ensure their personal safety.

#### Staffing and recruitment

- There were adequate numbers of staff. The registered manager told us they had five vacancies and had recently recruited new staff. Staff had worked extra hours to cover the shortfall, so agency staff had not been used. Staff told us there had previously been problems with sickness which had now been resolved and they had a stable happy team. New members of staff were introduced to people during their induction period.
- Staff were allocated to geographical areas so they worked as small teams, this ensured they knew the clients in their team and people got regular carers. Staff were matched to people's needs, people with complex needs had more experienced carers. Where people had problems communicating, staff told us continuity of carer was important to build up understanding.
- People told us they got regular staff who had time to spend with them and have a chat. Staff arrived on time and stayed for the time allocated period. The management team told us people were notified by phone if there were changes to regular carers, so they knew what staff to expect.
- Appropriate pre-employment checks had been carried out on new members of staff to ensure they were safe and suitable to work at the service. New staff records had interview notes recorded in their files.

#### Preventing and controlling infection

- Staff had training in infection control and told us they had access to protective aprons and gloves in people's homes to keep people safe from infection. We saw it recorded in people's care plans that staff were to wear this equipment when performing personal care.
- Environmental risk assessment of people's homes were conducted to protect people and staff from harm, and staff performed household cleaning tasks for people, which were recorded in their care plans.
- Staff had completed training in food hygiene to ensure they could assist people in preparing food safely.

#### Learning lessons when things go wrong

- There was regular audit of care plans and medications record's to identify errors or any poor practice to ensure lesson were learnt and improvements could be made. For example, analysis of the medications audit had picked up recurrent issues with recording medication, this had been raised with staff at supervision meetings and discussed at team meetings, staff had completed additional training if required.
- Staff knew how to report incidents and accidents and told us they notified the management team and other carers via a messaging system on their company phone. This ensured that all staff immediately knew any change or incident that had occurred, and the management team had the information to review. We saw that incidents and accidents were analysed and themes fed back at staff meetings.

# 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 Requires Improvement. At this inspection this key question has now improved to 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's needs were assessed when they joined the service and care plans reflected their physical, mental and social needs. Care support plans were updated as required and formally reviewed once a year. The office kept a duplicate copy of the care plan that was in the persons home. The service had developed an electronic care plan which was being implemented over the next month. Care plans showed people's preferences for each visit in detail.
- Improvements to risk assessments, were ongoing, to ensure that risk was clearly identified with actions to keep people safe. There was an evidenced based assessment tools in use. We recommended that the service also considered the use of nationally recognised scoring systems for people who had problems with skin integrity and nutritional problems, which the management team immediately looked into.
- Staff and people told us that their care needs were discussed daily so people had choice over what support they had.
- The management team kept up to date with national guidance and best practice which they cascaded down to staff at meetings.

Staff support: induction, training, skills and experience

- Staff told us training was good, and during their induction, they had a period of shadowing a more senior team member. Staff told us about recent training in dementia and how it had given them more insight into the fluctuation of people's emotional needs that require patience and understanding.
- Staff told us they received regular four monthly supervision to discuss their work and training needs. Staff appraisals were scheduled on a yearly basis to review their performance and goals.
- The staff training program showed that training was up to date and included first aid training for all staff, to ensure they had the skills and experience to support people.

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

- Staff supported people to plan, shop and prepare food. Some people required assistance eating and staff could explain what support people needed. One person had been assessed as requiring pureed foods following assessment by a healthcare professional around the risk of choking. Staff were knowledgeable about the persons' needs, associated risk and how to keep them safe.
- Staff had received alerts via their phones about ensuring people had enough to drink in the hot weather to avoid dehydration. Staff were instructed to leave plenty of drinks available for people when they left.

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

- People were supported to access a range of healthcare services. The service had an on-call system. This was an experienced carer who was on call to give advice to other staff about any concerns they had. Staff told us this offered them useful support when working alone, or in emergencies.
- Staff reported any health concerns to the office, who then liaised with other healthcare professionals as necessary. Health needs were then documented in care plans and families informed as necessary.
- The service had implemented a hospital grab sheet to ensure, there was up to date information to pass on to hospital staff in the event of an emergency.

Ensuring consent to care and treatment is 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. The management team and staff had received training in the MCA and could explain the process of mental capacity assessments, best interest decisions, and how they supported people. Staff told us they obtained consent before delivering care.

# 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 Required Improvement. At this inspection this key question has now improved to Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were kind and thoughtful. One person said, "They are very nice, happy carers." Another person said, "They are really helpful always have a smile, that makes a difference."
- Staff supported people well and care was person centred. Staff told us about one person who was having problems keeping on top of their cleaning. The staff member helped them to tidy the room, measure the floor and helped them arrange the finances for a new floor. The member of staff came in on their day off to oversee the fitting of the floor. Staff told us, the person was very happy, as it had restored their sense of pride and they felt able to keep on top of the cleaning.
- Staff told us how they communicated with a number of people who had English as a second language. "I know [person] so well I can tell what they want by facial expressions." People told us that they had regular staff who knew them well.

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

- Staff supported people to be involved in their care and express their views. One staff said, "I always support people in the best way possible, in line with their individual wishes."
- Staff told us they spent time with people to ensure their care planned was based around their personal needs and detailed information was recorded in their care plan.
- Staff told us about one person who would forget to take their insulin. The person was supported by staff, who prompted them to use a 'phone app' to calculate the dose of insulin required at the correct time.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful and polite. Staff told us it was important to be respectful to people in their homes. One member of staff said, "I always knock before going in, and if I use the key safe, I always call out to greet them." "When I assist with personal care I always close doors and curtains for privacy."
- Staff maintained people's confidentiality and promoted their independence. "We do not discuss people's care outside their homes, and we encourage people do as much as possible before helping them to keep people active."

# 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 requires improvement. At this inspection this key question has now improved to 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

- Peoples plans of care were developed on admission to the service. They were individualised, so staff could meet people's specific needs. Staff told us they had time to sit with people to read their care plans and discuss their care with them.
- Peoples interest's and hobbies were supported. The management team told us they were flexible with call times so people could attend day centres and maintain community links.
- The management team told us that some people had little, or no family to support them and staff helped people with issues other than personal care to improve their quality of life. Staff had supported one person to obtain funding for a television. Staff told us that the person had said they felt reconnected with the outside world thanks to the television.

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.

- The service used different methods to give people information in a way they understood. One person with communication difficulties following a stroke, had very clear instructions in their care plan, to avoid unnecessary conversations. They had a word book provided by the speech and language team to aid communication. Another person whose first language was not English, had words translated available in their home to aid communication. A number of staff spoke a second language and could interpret for people, so were matched to their needs.

Improving care quality in response to complaints or concerns

- The management team dealt with complaints which were logged onto a computer system where they could be tracked and analysed to give oversight of issues arising. Complaints were dealt with according to the complaints policy and staff were given feedback at meetings.
- People told us if they had any problems, they were comfortable to ask staff to pass the issue on to the office, or they would contact the office themselves. People received the complaints policy in their service user's handbook and were happy that issues would be acted upon.
- Staff told us if people wanted to complain they would try to sort out the problem or pass it on to the manager. Staff told us the management team listened to them and responded to suggestions, or concerns

they raised.

#### End of life care and support

- The service had supported one person at the end of their life recently, with assistance from other outside agencies, including, the Macmillan team, the Hospice, and the community palliative care team.
- The service had explored people's preferences and choices regarding their end of life care which were recorded in their 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Following up breaches.

At our last inspection on 12 and 13 July 2018, we found the provider in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance systems in place to assess, monitor and improve the quality and safety of the service were not effective. Feedback about the service had not been effectively responded to. The evidence gathered at this inspection shows the provider is no longer in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As they had worked to put in a sustainable quality monitoring system that had positively impacted on the care of the people who used the service.

Continuous learning and improving care

- Quality audits were performed by head office and this had resulted in improvements to policies and procedures. For example, it had been identified that the service needed to implement a new care plan and risk assessment documentation.
- Regular audit of care records had picked up problems around staff not offering people a varied choice of food and drinks, and personal care. We could see from minutes of meetings it had been identified how staff could vary food and drinks on offer. It was also identified how staff could encourage people different choices of personal care if the first option was rejected.
- The management team were tracking staff call times and changes to call times via an electronic system. This had been addressed at staff meetings with advice on how staff could ensure consistency of calls. The management team also conducted spot checks on staff to monitor care delivered.
- The management team told us the provider visited regularly and was always available on the phone for support. They told us the support offered to staff had improved now it was a larger team and staff were praised via phone messages to reward success.
- The management team kept up to date and had attended training from Health Education England, this was incorporated in to staff training programs for staff development.

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

- The management team had made significant improvements since our last inspection and were committed to improving the service further, and providing person-centred, high-quality care.

- Staff told us since the management team had expanded, the service had improved. One staff member told us, "The culture of the service has changed for the better. Since the management team expanded things have improved a lot, it is much easier to get things done and issues get dealt with quickly. I enjoy work, it is run well, and I think we will keep improving."
- Staff told us the management team were approachable and always at the end of a phone. Staff told us they had time to do their job and did not feel rushed. If they were running late, they contacted the office who would contact the next person to inform them of the delay.
- Staff told us the previous problems that had caused discontent had been resolved, and said the current team worked well together, and it was a happy place to work.

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

- We saw the service had acted with duty of candour after a medicine error. We could see the member of staff had immediately contacted the person's GP to ensure there was no harm, recorded the incident according to policy and notified the management team. Records showed this had been discussed with the person involved and an apology had been given. Records showed that errors were tracked for themes and were discussed at staff meetings. Staff involved were given supervision and extra training if required.

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

- The management team and staff understood their roles. The provider had recruited an operational manager and senior staff had been restructured since our last inspection which had improved management oversight. Staff knew who to go to for advice on specific issues. The restructure had enabled career progression for some staff who were now sharing the care-coordinator role.
- The registered manager completed random audits of daily records in care plans, once a week to check for the quality of recordings. This audit had picked up themes of poor record keeping in one team, these issues were identified and discussed at supervision sessions to improve practice. Staff were praised when record keeping subsequently improved.
- The management team had implemented a new electronic monitoring system to check the log in and log out times of every call. The call logs were checked at the end of each shift to ensure that call times were maintained, and no calls had been missed. If errors were picked up, the person was contacted immediately, and a carer would be allocated to complete the call.
- The registered manager understood what they needed to report to us legally and submitted notifications of significant events.

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

- There were regular staff meetings where staff could raise issues and discuss concerns. There was an anonymous suggestion box if staff wanted to discuss something they felt uncomfortable bringing up at a meeting.
- Telephone surveys to capture the view of service users had been implemented for a period of time while a formal survey was developed. We saw positive feedback from this survey, for example, one person had said "That new girl is nice, she has been dancing round my bedroom with me."
- Staff told us, "The management team listened and changed things that were suggested."

Working in partnership with others

- The service worked with a number of outside agencies and health professionals.

