

Apical Care Agency Ltd

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Inspection report

3 Coventry Road
Ilford
IG1 4QR

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19 November 2021

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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

Apical Care Agency Ltd is a domiciliary care agency providing personal care to adults in their own homes. At the time of this inspection, the service was providing personal care to one person.

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

People and their relatives were satisfied with the care provided by Apical Care Agency. People were involved in making decisions about their care.

There were systems in place to safeguard people from abuse. Risks to people were assessed and monitored. Recruitment processes were robust and there were enough staff working at the service. Medicines were managed safely. Staff were provided with personal protective equipment (PPE) to protect people from the risk of cross infection.

There had been no incidents or accidents, but there were systems in place to ensure lessons were learned when things went wrong.

People's needs were assessed before they began using the service so the provider knew they could meet their needs. Staff received inductions before starting work, so they knew what to do when they started working with people. People were supported with their health care needs and staff communicated with each other to ensure people received effective care. People were supported to eat and drink adequate amount where this part of their care plans.

Care plans were person centred and staff knew what people liked. People's communication needs were met. People were supported with activities. There had been no complaints, but people were provided information on how to complain, if they wanted to.

Systems to monitor the quality and safety of the service were in place. Staff reported having a positive relationship with the provider and felt communication was effective. Quality monitoring systems allowed for the effective monitoring of the service by the provider.

People and staff were pleased with how the service was managed. The provider and service were new and still adapting how they worked. Management were open to change and improvement and wanted what was best for people. The registered manager knew about their duty of care and regulatory requirements. People were able to engage with the service and provide feedback about the care. Staff could provide input into the service through meetings and supervision. The provider hoped to expand their networks and work with others following the lifting of pandemic restrictions.

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 10 August 2020 and this is the first inspection.

Why we inspected

This service had not previously been inspected and we wanted to check that people were receiving safe care and support.

Follow up

We will continue to monitor information we receive about the service using our monitoring system and will inspect when this is indicated.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Apical Care Agency Ltd

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 was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 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.

Inspection activity started on 19 November 2021 and ended on 23 November 2021. We visited the office location on 19 November 2021.

What we did before the inspection

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.

During the inspection

We reviewed a range of records. This included one person's care records. We looked at two 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. We looked at training data and quality assurance records. We spoke with one relative who was with a person who used the service and we asked about their experience of the care provided. We also spoke with two members of staff.

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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relative told us they felt safe whilst being supported by staff. One relative said, "Yes, we do feel safe, because they [staff] have been vetted by the agency and they are caring staff as well."
- People were protected from abuse as staff had received safeguarding training on how to recognise and report abuse appropriately. The staff members we spoke with could explain what action they would take if they suspected or witnessed abuse.
- The provider had a whistleblowing policy which guided staff on how they could raise concerns about any unsafe practice.
- There had been no safeguarding concerns raised since the service started. However, the registered manager was able to tell us what they would do if there were. They would follow their own policy, raise the concern with the local authority and notify the Care Quality Commission.

Assessing risk, safety monitoring and management

- Sufficient risk assessments were in place to ensure people received safe care.
- Risk assessments included areas such as medicines, personal care, nutrition and hydration and accessing in the community.
- Assessments identified risks to people and provided instructions to staff about how to lessen risk or what to do should they occur.
- Individuals risk assessments and care plans were constantly reviewed to ensure they remained up to date and met the person's needs whilst reducing risk to them.

Staffing and recruitment

- There were sufficient staff available with the right skills and experience to meet the individual needs of people who used the service.
- One relative told us staff were reliable and care calls were usually on time. They said, "Staff come on time. No issues of staffing." The staff rota indicated there were sufficient staff at the service to meet people's needs. There was a system in place to cover staff absence.
- Staff were recruited safely. Pre-employment checks were completed to help ensure staff employed were suitable for their roles. These checks included conducting an interview, completing a Disclosure and Barring Service (DBS) check and obtaining references. DBS checks help prevent unsuitable staff from working with vulnerable people.
- The provider had plans to employ more staff should they start providing a service to more people.

Using medicines safely

- Medicines were being managed safely.
- Information regarding the support people needed with their medicines was recorded within their care plans. This information was clear, up to date and accessible to staff.
- Staff had been trained in medicine administration and followed the provider's medicines policy. Staff also completed medicines competency assessment.
- Medicines Administration Records (MAR) were completed appropriately. They were signed by staff and contained no gaps.
- Regular checks and audits of the medicines management and administration were carried out to ensure it continued to be managed in a safe way.

Preventing and controlling infection

- Staff had completed infection control training and had access to personal protective equipment (PPE), such as aprons, masks and gloves to help reduce cross infection risks. Staff are also familiar with policy on infection prevention and control and the registered manager carried out relevant audits related to this.
- Staff were tested for COVID-19 and there was a COVID-19 management policy in place which followed national guidance.

Learning lessons when things go wrong

- There had been no incidents or accidents at the service which was confirmed by the manager. Nothing we saw indicated otherwise. The service had a policy for staff to follow should things go wrong, and we saw there was an incident form template to use should staff need to.
- The registered manager told us any learning from any incident, accident or complaint would be shared with the staff team via team meeting or supervision. The staff member we spoke to said, "If something went wrong, I'd call the office and let them know and get support."

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's needs were assessed before using the service. This was so the provider could find out whether they could meet people's needs or not. These assessments included information obtained from people and their relatives about their needs and preferences and how they would like to be supported. The care plans reflected people's needs, including aspects of their life which were important to them.

Staff support: induction, training, skills and experience

- Staff were trained and skilled to support people. A relative told us they felt that the care workers had the skills to meet their needs. A relative told us, "They [staff] are very professional."
- Staff were supported and completed a programme of on-line and face to face training sessions to effectively perform their roles. Staff confirmed they attended training and told us they found this useful. A staff member told us, "Training is interesting, they [provider] allowed me to complete my training online and face to face."
- The provider had a clear overview of the training needs of all staff. They had a spreadsheet which detailed the training staff had received. Records showed training provided included safeguarding, moving and handling, and infection control.
- Staff received regular one-to-one supervision as well as spot checks of their performance to offer both support and monitoring of their performance. Staff said the registered manager was approachable and they felt supported in their work. A staff member told us, "[Manager] has a calm approach and listens to your needs. [Manager] always reassure us [staff] if we need any support."

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

- People were assisted to have enough to eat and drink where this was part of their care needs. Care plans included people's preferences and the support they may require with meals. Staff were trained in food hygiene. A relative told us people's nutritional needs were met and care plans contained information about people's dietary needs and preferences.

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 with their healthcare needs. Care plans and risk assessment contained information relating to different medical needs, and people's health and wellbeing were regularly assessed.
- One person had complex health concerns and received support from a range of health care professional. The provider-maintained communication with these professionals where required and followed their instruction where necessary.

- The service recorded relevant information about people's care in daily notes. Staff could access these notes and this assisted in providing effective and timely 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 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 sought people's consent before carrying out any tasks for example when assisting them with personal care.
- People were fully involved in decisions about their care and their capacity to do so was respected.
- A relative told us the staff consistently sought their consent before providing any care or support. One relative said, "They [staff] always ask for our permission."
- The provider had an appropriate process in place for assessing people's mental capacity. They understood the need to work with appropriate professionals and others, such as relatives, to make decisions in someone's best interests if they lacked capacity.

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

- Relatives told us staff were caring. One relative told us, "The staff are caring, kind and compassionate. They [staff] communicate to [person] according to their preferences; they use signs and gestures when talking to them, and, they [staff] behave in a kind way with dignity towards them."
- The registered manager knew people's day to day needs and had developed good relationships with people and their family members.
- People were respected and treated equally regardless of their abilities, lifestyle and beliefs. One member of staff told us, "I treat all the service users [people] equally, we have to respect their individuality."
- Relatives provided complimentary feedback about the service and the staff. One relative said, "Thanks to all the lovely carers looking after my [family member]. You [staff] are all so attentive and very kind. The manager who has been very supportive and kind to me at a very difficult time. Staff have worked hard to enable safe and essential face to face visits during lockdown, supporting the wellbeing of [person]."

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

- People were involved in decisions about their care. Care plans were signed by people to ensure they agreed with the support they received.
- A relative told us they were involved in creating their care plans. One relative told us, "Yes, we were involved, and I look at the care plan and read it."
- Care plans were reviewed regularly. The person receiving care was able to be involved with their care planning through regular meetings. This meant that people were involved in deciding their care.
- At the time of the inspection the service was small, and the provider sought direct feedback regularly. They told us they would endeavour to maintain this personal interaction should the service grow. They felt it would be possible to do so through phone calls and spot checks. This meant people would be able to provide their views on the service regularly.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Staff ensured told us they explained what they were doing and sought people's consent when offering support. One staff member said, "Before entering the room, I will knock on their door. I will seek their [people] permission before I start on personal care. I will close the door to maintain their privacy and dignity."
- Staff ensured people's confidentiality was maintained. Personal information was stored securely and only accessed by authorised staff. Staff completed training on privacy and dignity.

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 and their relatives were involved in developing their care plans. People's needs were identified, and their choices and preferences were recorded and well known by staff.
- The registered manager assessed people's care needs. This included what they would like to gain from the service and their desired outcomes. A person-centred care and support plan was devised from the assessment and agreed with people, and their relatives where appropriate.
- The care plan, alongside the risk assessment, provided a person-centred perspective of what support the person needed and what their preferences were. Care plans covered areas including communication, medical conditions and domestic requirements. They provided guidance for staff on what care people needed and how they wanted it provided.
- Staff told us the care plans provided them with enough information to enable them to meet people's needs.

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 met people's communication needs. Where people had specific needs around communication, the provider allocated staff who had the necessary skills and knowledge to communicate with and work with them.
- Care plans covered communication needs from a person-centred perspective. They highlighted how staff were able to communicate with people. For example, if they preferred using sign language and or pictorial cards. Staff told us if required the provider would work with other services, such as local authorities or translation services, to ensure people's communication needs were met.

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

- Care plans contained information about what activities people liked to do. People were involved in activities which they had chosen to help ensure they were not socially isolated. They were supported to access local communities such as going to a fitness centre.

Improving care quality in response to complaints or concerns

- People and relatives were able to complain should they need to. The provider had a complaints

procedure in place. This included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service. The provider told us they would follow their policy should they receive a complaint and would view it positively as a means by which to improve the service.

- The provider told us there had not been any complaints received in the past year and we saw no evidence to contradict this. A relative knew who they could complain to if they wished to. A relative told us, "I would talk to (registered manager) if I had a complaint."

End of life care and support

- The service did not support people with end of life care. The registered manager said if they supported someone with end of life care they would develop a care plan to discuss the person's wishes and would ensure staff were adequately trained.

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

- The management team had developed a very positive culture which placed people at the centre of their care. People were included in decisions about how their care and support were provided. They received person-centred care that met their needs and promoted positive outcomes.
- Feedback from relative was complimentary about Apical Care Agency. Relatives told us they were satisfied with the care people received and would recommend the service to other people. One relative said, "I am happy with the management and staff. I am happy with the service rendered to me. Apical care agency is a good agency in terms of leadership and management, I would be happy to refer them to my friends and families."
- Staff confirmed they were happy working for the service. One staff member said, "They [provider] are open, very caring and they [provider] listens to us."
- Systems were in place to ensure people's care was regularly reviewed and any changes or improvements were acted upon in a timely manner.

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

- The registered manager was aware of their duty of candour responsibility. The registered manager had been open and transparent with people when incidents occurred where the duty of candour applied. A complaints procedure was in place to address concerns raised by relevant persons and the accidents and incidents procedure detailed how the provider would review and learn from any incidents that occurred.
- The registered manager was clear about their role and responsibilities. The registered manager understood the regulatory requirements of their role and had notified the CQC when required of events and incidents that had occurred at the service.
- The service had appropriate quality assurance and auditing systems in place designed to drive improvements in performance and to maintain effective oversight.
- Spot checks of staff practice were completed regularly to monitor the quality of care provided to people.
- The provider had a range of policies and procedures in place that gave staff guidance about how to carry out their role safely.

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

- The provider sought feedback to improve the service. People, relatives and staff were asked to complete a feedback and the provider used this feedback and to continuously develop the service.
- Staff received regular supervision and there were virtual staff meetings which covered priorities such as training, PPE, and safeguarding.
- Staff told us they were happy working at the service. Records confirmed that staff had regular team meetings that allowed them the opportunity to input suggestions regarding the service.

Continuous learning and improving care

- There were quality assurance processes in place. Various audits were carried out by the registered manager, including audits of medicine records and infection control practices, while care plans and risk assessments were subject to regular review.
- The registered manager and staff undertook regular training to help drive learning and continuous improvements at the service. The registered manager also had regular one to one meetings with people to seek their views about how the service could improve.

Working in partnership with others

- The provider was open to working in partnership with others. The service was small and had begun operating during the COVID-19 pandemic. This had limited some of the networking opportunities available. The provider had liaised with local authorities and had attended online webinars and training. They had plans to further engage with provider networks and forums once pandemic restrictions were lifted.