

appa me 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

The inspection took place on 31 July 2017 and was announced. The provider was given 48 hours' notice as they are a small domiciliary care service and we needed to be sure people would be available to speak with us. The service was last inspected in July 2016. Appa me is a domiciliary care service providing personal care to people in their own homes.

At the last inspection in July 2016 we were unable to provide a rating as they were only providing a service to one person. They have continued to provide a service to this person which means we have been able to rate them on this inspection. The provider will need to ensure they maintain standards if they grow to support more people.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe with staff. The service had robust systems in place to ensure people were protected from avoidable harm and abuse. Risks to people had been identified and there were plans in place to mitigate risks. There were enough staff in post to provide care and people were involved in recruiting staff which ensured they were a good match to people's individual needs. People did not receive support with their medicines, but there were systems in place to ensure the safe management of medicines should this be required.

People told us they were confident that staff had the knowledge and skills required to deliver support. Staff received training in areas relevant to their role and had regular support and supervision from their manager. People consented to their care and records showed the service emphasised the importance of people making their own choices. People were supported with meal preparation in line with their preferences. People told us staff were knowledgeable about their health needs and provided them with support to access healthcare services when required.

People told us they had developed strong relationships with their staff who they described as trustworthy. Staff spoke about people with kindness and compassion. People were involved in making decisions about their care and their views were clearly recorded in care plans. People told us staff respected their privacy and upheld their dignity.

People told us they were involved in developing, reviewing and updating their care plans. People told us it was easy to make changes and the service was flexible if they wished to make changes. People told us they felt safe and confident to raise any concerns with the provider.

People told us they could contact the management of the service easily and they responded in a prompt

and effective way. The provider had quality assurance systems in place to monitor and improve the quality of the service.

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. People felt safe and there were systems in place to protect them from avoidable harm and abuse.

Risks faced by people had been identified and mitigated against.

People were involved in the recruitment of new staff. Staff recruitment was conducted in a way that ensured they were suitable for the role.

People were not supported with medicines, but systems were in place to ensure this would be done in a safe way if needed.

Good ●

Is the service effective?

The service was effective. Staff received the training and support they needed to perform their role.

The service sought consent from people in line with legislation and guidance. People told us their choices were respected.

People were supported with meal preparation in line with their preferences.

People told us staff supported them with their healthcare needs.

Good ●

Is the service caring?

The service was caring. People told us they had good relationships with their care workers who were trustworthy.

Staff spoke about people with compassion and respect.

People told us, and records showed, promoting dignity respecting privacy were embedded in the service.

Good ●

Is the service responsive?

The service was responsive. People were involved in writing and reviewing their care plans.

Care plans were detailed and personalised to reflect people's

Good ●

individual needs.

People told us they felt confident and safe to raise any concerns they might have about the service.

Is the service well-led?

The service was well led. People told us management were visible and easily accessible to them.

The provider had systems in place to monitor, review and improve the quality of the service.

Feedback about the quality of the service was positive.

Good ●

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 31 July 2017 and was announced. The provider was given 24 hours notice as they are a small domiciliary care provider and we needed to be sure someone would be in.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information and other information we held about the service.

During the inspection we looked at one person's care records, two staff records, various policies and procedures and other records relevant to the management of the service. We spoke with one person who received a service and two staff members including the registered manager, and the team leader who also provided support to the person.

Is the service safe?

Our findings

People felt safe with their care workers. One person said, "I feel very safe and confident with my support and care workers."

The provider had a policy regarding safeguarding adults from avoidable harm and abuse. This contained details of the types of abuse people may be vulnerable to. The policy provided staff with information and guidance about how they should respond to allegations of abuse. The registered manager and team leader told us there had been no safeguarding concerns since our last inspection in July 2016. Records showed that staff raised any concerns about incidents or near misses with their line manager and followed their advice to ensure people were safe.

The service had a range of risk assessments in place to ensure the risks people faced when receiving care had been mitigated against. It was noted there was a greater level of detail about how to mitigate specific risks in memos to staff and handover documents than in the risk assessment documents themselves. For example, there was a risk assessment in place regarding the risk of equipment failure. This advised staff to contact the office for detailed instructions. However, there was a memo within the care file which contained detailed information of how to respond to an equipment failure in a sensitive way that ensured the person's dignity was maintained. The team leader recognised this detail should be contained within the risk assessment itself so it was available to staff when needed.

The provider ensured they had sufficient staff to meet people's needs. They had a system in place where people who received a service had three members of staff available to them, a main worker, a secondary worker and an emergency backup. The provider had recruited one member of staff since our last inspection. Records showed the provider had taken appropriate steps to ensure they were suitable to work in a care setting. These included criminal records checks, checks on their identity and collecting references to ensure they were of a suitable character. The interview records showed staff were assessed against set criteria for the role. The provider told us people who used the service were involved in the second stage of recruitment and could choose whether or not staff were a good match to work with them. Records showed staff underwent a period of introductions to people before being confirmed as their main support worker. The person who received a service told us they really appreciated their level of involvement in the recruitment process. They said, "I was involved in recruitment. I am very grateful to Appa Me for their recruitment efforts, their understanding of my needs and support."

The service did not support people to take medicines. This was at the request of people receiving a service who were independent with their medicines. The provider had systems in place to ensure the safe management of medicines should people request or require support to manage their medicines. These included documents where the prescribing information about medicines, including side effects that staff should be aware of, could be recorded as well as medicines administration records for staff to record the administration of medicines.

Is the service effective?

Our findings

Feedback from the person who received a service was positive about the skills and abilities of the staff supporting them. They said, "Training requirements are covered during inductions and I feel confident with my support and care workers." Records showed staff received a comprehensive introduction to the service. There was a comprehensive handover document from previous support workers which included a high level of detail about how to ensure people's needs were met.

Records showed staff received training in areas relevant to their role. These included health and safety, moving and handling, hygiene and fire safety. The training matrix alerted managers when training was due to expire and needed to be refreshed. Records showed one member of staff was overdue for nine of the 19 trainings the provider deemed to be required for their role. The team leader explained this was due to a slight delay in updating the systems and after the inspection sent us records that demonstrated people had completed their required training.

The team leader completed regular observations of staff to ensure they were performing their role to the required standard. In addition, staff were in regular email and telephone contact with the team leader to inform them of any issues or support they needed. Staff received an annual appraisal and had a personal development plan which detailed their goals for the next year.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decision 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 interest and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

Staff had not received specific training in the MCA. The provider had identified the need to develop a policy framework for ensuring the service worked within the principles of the MCA in their Provider Information Return. The provider explained that specific training had not been required as people receiving a service had full capacity. The provider told us if they began to support people who were unable to provide consent staff would receive training on the MCA as their training provider already had a course available to them. Staff demonstrated they understood the importance of respecting the views and choices of people receiving a service. Records showed the person had full capacity to make decisions about their care and treatment. They had provided written consent to their care, as indicated by signing copies of their care plans and risk assessments. This meant the service had sought consent in line with legislation and guidance.

The person receiving a service directed staff with regard to their dietary requirements. The care plan was clear that staff should follow their verbal instructions regarding their food and fluid requirements. The care plan contained information about the person's general preferences but emphasised the role of staff was to carry out the instructions of the person. This meant the person's dietary needs and preferences were respected.

Staff did not have a formal role in supporting the person to access healthcare services, or to receive on going healthcare support. There was information about the health conditions the person was living with as well as details about how this affected them in their daily life. Emails between staff and the team leader showed staff supported the person to access healthcare services if this was specifically requested. Staff ensured the provider was aware of any concerns about the person's health and the implications this had for the support required. The person who received a service was confident staff would support them if their health needs changed. They told us, "Yes [staff know how to support me with any health issues]. They would be briefed by the office if they required additional guidance or training. They would help me and have also supported me to go to the doctors." This meant people were supported to have their healthcare needs met if they requested it.

Is the service caring?

Our findings

Feedback from the person receiving a service was positive about the strength of their relationship with their care workers and the service. They said, "Staff are very good and very trustworthy which is so important. All my support workers have been lovely, and we work really well together."

Staff demonstrated they were knowledgeable about the person's needs and history. Office based staff spoke about the person with kindness and respect. They were able to answer questions about the person's preferences easily. The ethos of the organisation was to be led by the people they supported, and this was reflected in the person's care plan. There were aspects of the person's life they wished to remain private and this was clearly recorded in the documentation. There were clear and consistent boundaries in place at the request of the person.

Records showed people and support workers were paired for long term relationships. The person had a main carer with the team leader providing emergency cover when required. Staff were introduced to people over the course of a few visits, giving the person and staff time to get to know each other and establish their relationships. The provider collected feedback from the person to ensure they were happy with how the relationship with their support worker was going.

Correspondence between staff and the team leader showed they considered the views of the person and made changes to their care in response to this. The person's support included support to access social events and records showed staff worked in a flexible way to ensure this support was provided. Staff considered the wellbeing of the person they supported and considered it part of their role to support the person to negotiate social situations they found more challenging.

The care plan and risk assessment made it clear that privacy, independence and dignity were very important to the person receiving care. The care plan clearly explained to staff the limits of their role and how to ensure the person continued to feel their dignity and independence was maintained. A person told us, "My support staff are very respectful of my privacy and Dignity. They always respect my space but are around if I need help."

Is the service responsive?

Our findings

People, and their relatives if they chose, were involved in annual reviews of their care. People were able to provide feedback about how they found their care and make changes if they wished. The care package was flexible and records showed patterns of support varied according to the wishes of the person. For example, support days and times varied depending on whether or not the person was working or on holiday. The person told the provider they valued the flexibility of the service. They told us, "I am involved in writing and reviewing my care plan. I usually communicate any changes or updates to the office. I draw up a schedule with Appa Me and advise of any changes as required. If my usual worker is on holiday they arrange cover."

Handover information provided to new care staff was noted to contain a greater level of detail about the practical aspects of the person's support and preferences than their care plan. The provider recognised that the best place for this information was the care plan. An updated version of the care plan was submitted which contained a high level of detail about how the person wished to be supported.

The importance of ensuring the person's independence was promoted was clear throughout the plan. The plan clearly stated that staff must follow the direction of people and always check the support they were providing was in line with the person's preferences at the time. The person confirmed this was how staff worked with them.

Records showed staff completed daily records which were collected and reviewed by the provider on a regular basis. The records showed staff provided support in line with the person's care plan and preferences. In addition, emails between staff and records of calls with the person showed changes were made as requested.

The provider had a complaints policy which provided clear details on how to make a complaint and expected timescales for response. The policy detailed that people could make complaints in a manner or format that was of their choosing, and complaints would be accepted and responded to in the format requested by people. For example, the policy was clear that complaints could be made in British Sign Language (BSL) and if this was the form of complaints received, a response would be provided in BSL to ensure it was accessible to complainants. The provider had not received any complaints since our last inspection in July 2016. The person told us, "Appa Me are very approachable and personable so if I ever needed to mention anything I feel confident and secure enough to be able to."

Is the service well-led?

Our findings

There was a registered manager in post who was knowledgeable about the service, the people receiving care and its staff. Observations during the inspection showed the registered manager and team leader had a positive relationship with each other where they respected each other's skills and knowledge of the service. Feedback about the management of the service was positive. The person told us, "The management are easy to contact and they are very prompt to response. I regularly have client reviews with them either face to face or via email to monitor things and to make sure I am happy."

The service was delivered remotely from the office location. In order to ensure the staff did not feel isolated from the office based team, the team leader maintained regular contact with the staff via telephone and email. This meant management ensured they were available and visible to staff and people receiving a service.

The service had maintained regular staff meetings since the last inspection. These were used to share learning and good practice as well as business development for the organisation. Since our last inspection the organisation had been received an independent external accreditation for its quality management systems. The accreditation process required the organisation to have quality management systems in place regarding policies, procedures, staffing, training and the experience of people receiving a service. This meant the service had ensured it had systems in place to monitor and improve the quality of the service.

The provider completed annual surveys as well as regular spot checks and observations to ensure the quality of the service was maintained. The feedback collected was used to inform the development of the service. The feedback was positive about the quality of the service delivered.