

Apex Prime Care Ltd

Apex Prime Care - Newhaven

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Apex Prime Care - Newhaven is a domiciliary care service providing personal care to people in their own homes. The service provides support to older people, people with mental health conditions, people living with dementia and physical disabilities. At the time of our inspection there were 77 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People, staff and relatives were positive about the management of the service and felt involved and listened to by the registered manager. Some quality assurance processes were effective in identifying areas for improvement and showed actions taken as a result of issues identified. However other aspects of quality assurance such as risk assessments and documents relating to medicines required improvement. People received safe care and support from staff that knew them well. People and relatives we spoke to told us there were enough staff to support people. Staff understood how to keep people safe and how to raise concerns about people's safety. Risks to people were safely managed but some people's care plans needed more detailed guidance around risks.

People were supported to receive their medicines by staff that had been trained to administer them. However, further consideration was needed to how people received their medicines that were taken on an as and when needed (PRN) basis.

Staff wore appropriate personal protective equipment (PPE) when supporting people and followed infection prevention and control procedures.

The culture of the service was person-centred, and people told us that staff supported them to increase their independence. Health professionals that regularly worked with the service were positive about staff's involvement and support of people. 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

Rating at last inspection

The last rating for this service was good (published 30 August 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We carried out a focused inspection of the key questions safe and well led to check the rating of the service remained

accurate. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Apex Prime Care - Newhaven on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Apex Prime Care - Newhaven

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 1 November 2022 and ended on 11 November 2022.

What we did before the 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 used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as phone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. We spoke with eight people and 11 people's relatives. We received feedback from seven health and social care professionals that regularly worked with the service. We spoke to seven members of staff including the registered manager and care staff. We reviewed information about people's care and support needs and the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has stayed the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Safeguarding concerns were appropriately raised by staff. Staff had attended meetings to discuss safeguarding concerns with other professionals involved in the person's support. Staff recorded lessons learned from incidents in order to prevent them from happening again. □
- There was a robust process in place for staff to report concerns about people. Concerns were clearly recorded with the action taken by staff and the outcome. For example, where staff had concerns about a person's mental health, staff had evidenced that they had contacted the person's GP as a result of this and that the outcome was the person's medicines had been reviewed and changed.
- Staff told us they felt confident to raise concerns about people with the management team. One staff member told us, "I would always ring the office if there are any worries about the clients, if they are not quite right or not feeling well. We know people well so pick up if something is different."
- People told us they felt safe. One person told us, "I do feel safe with my carers; they help lift me up when I get out of bed and they do it well."
- Staff recorded and reported any accidents and incidents to the management team. Actions taken to prevent the reoccurrence of incidents were recorded.

Assessing risk, safety monitoring and management

- Risks to people were safely managed. People's care plans detailed information for staff on how to manage risks to people. For example, for one person who was at risk from smoking, the person's care plan explained the measures in place to protect that person from harm.
- Where people were at risk of choking, there was clear guidance for staff on how to prepare people's food and what support to provide to reduce this risk. People's care plans contained information on what first aid staff should provide if a person should experience a choking incident.
- Some people were supported with catheter care by staff. Instructions for staff on how to support people to manage their catheters was clear and detailed. Guidance for staff included how to recognise issues with the person's catheter and what health professional to contact for support if needed. One person who received support with their catheter care told us, "Carers change my night bag in the morning for the day bag and do the same thing at night-time. Once per week a carer changes the bag for a new one for me. They make sure I'm nice and clean and this reduces the risk of infection." □
- Some people using the service had medical conditions such as epilepsy and could experience seizures. People's care plans informed staff of how to recognise if the person was having a seizure and what action to take to support and protect them. People with epilepsy had risk assessments to identify the risk to the person from experiencing a seizure.
- Improvements were needed to records around some people's risks. We have commented on this further in

the well led section of the report.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- People had mental capacity assessments to determine whether they held the capacity to make decisions around their care and support. These assessments were decision specific and documented the conversations that had taken place when assessing the person's capacity and how the decision had been reached.

Staffing and recruitment

- People told us there were enough staff and that staff stayed for their allocated time. One person told us, "There are enough staff to look after us and the carers are very good. We usually have the same people to look after us." One person's relative told us, "The standard of care is excellent, and they've been brilliant from the start. They (staff) always stay for the right amount of time. We usually get the same group of people to look after her."
- Staff received competency checks in safeguarding, medication and manual handling to ensure staff had the knowledge and ability to keep people safe.
- Staff were recruited safely. The provider carried out appropriate checks before people started working at the service. This included references from previous employers and DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely and in line with prescriber instructions. One person told us, "My carers get my tablets out ready for me to take them. They watch me take them too."
- People's medication administration records (MARs) contained information on what specific medicines were for and listed any potential side effects that may be associated with that medicine. Staff recorded when the person had taken their medicines and a code was used to explain if the person had not taken their medicine.
- Staff were trained to support people with their medicines and had their competency checked before supporting people without supervision.

Preventing and controlling infection

- There were systems and processes in place to protect staff and people from the risk of infection. Risk assessments had been completed around the COVID-19 pandemic and staff received training in infection prevention and control.
- Staff completed infection prevention and control audits to ensure that staff were following the latest guidance around infection control. This included spot checks of staff wearing personal protective equipment (PPE).
- People told us that staff wore PPE appropriately. One person told us, "Carers always arrive with a face mask on and then put the apron and gloves on before they do anything for me."

Is the service well-led?

Our findings

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained the same. This meant the service management and leadership was inconsistent. Improvements were needed to people's risk assessments and care plans.

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

- Some records relating to people's risks needed more detail in people's care plans. One person was being supported by staff to manage their pressure sore. Although staff were supporting the person to reposition and liaising with the district nurses, the person's care plan was not clear on repositioning instructions. The registered manager had requested an up to date care plan from the district nurse team.
- Another person was having their blood sugar levels monitored by the staff team. Staff consistently recorded this person's blood sugar level and there was clear guidance for staff on what to do if the levels were too high or too low. However, the person's care plan did not state what safe levels were for the person. After discussing with the registered manager, the person's safe levels were added to the care plan.
- We discussed the current process for medicines people took as and when they needed them (PRN) with the registered manager. People did not have PRN protocols in place to give guidance to staff about what medicine to administer when needed. This included if more than one medicine was prescribed for the same thing and medicines could be given in variable doses. Although some people had capacity and were able to tell staff which medicine they wanted when, this was not the case for all people being supported by the service.
- The provider's medication policy stated that staff were only able to give people PRN medicines if they asked for them. For people who could not ask for PRN medicines, staff were instructed to ring the office if they felt the person was in discomfort. Further guidance was needed for staff to identify when people needed these medicines.
- Staff completed weekly medication audits of people's medicine records. These audits identified any issues with medicines such as people waiting for medicines from the pharmacy. Monthly medicine audits also took place and were effective in identifying any missed medicines and the reason why, such as the person cancelling the support call.
- Care notes recorded by staff were regularly audited to identify any missing entries and assess whether care notes were detailed. Notes were also assessed to ensure that staff supported people in accordance with their care plans.
- People and their relatives told us they felt the service was well managed. One person told us, "The management are fine. They ring us from time to time to ensure everything is okay and if we need to change the time of calls, they are very helpful. We feel very confident with their support."
- People told us they were able to raise concerns and felt that concerns were actioned by staff. One person told us, "I wouldn't say I've ever needed to make a complaint, but sometimes I need to ring the office to tell them something and they really do listen to me and act on what I've said. If I think a carer is doing something I don't like, the office staff tell the carer and put it in their notes for future reference, so they know how we like something done."

- Staff told us they were supported by the management team. One staff member told us, "The office staff have been really good to me. They check if I am okay and whether I need anything. They have been really supportive. I suppose that's the caring nature of the company."

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

- People and their relatives told us that staff supported people to be as independent as possible. One person's relative told us, "They always talk to her while they are caring for her and tell her what they are going to do and they also let her do things for herself, very patiently. Sometimes it might be quicker for them to just get on and do something for her, but they let her do it to keep some independence."
- People told us about the positive effect the service had had on them. One person told us, "Having carers has made a lot of difference to me. It gives me a reason to get up in the morning. I'm finding the carers very helpful and they are helping me to get into a routine again."
- People's relatives were positive about the support provided by staff. One person's relative told us, "Every one of the carers is so positive and friendly. [Person] gets on so well with the carers, they are lovely girls (staff). [Person] has dementia and can get upset if they don't want to do something. Within minutes of the girls going to see them, they does exactly what they ask. They just have that little magic touch."
- Health professionals told us that staff played an active role in supporting people to increase their independence. One health professional told us, "I showed carers how to convert the profiling bed into a chair using the bed's electronic controls. In this position the client was able to participate in their home exercise programme, using an active assisted approach. The two carers were interested and focused throughout and will be able to share their learnings in this session with their peers."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities around duty of candour.
- Statutory notifications, which the provider is required to send to CQC to notify us of events that affect the service had been sent appropriately.

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

- During the COVID-19 pandemic, the registered manager created contingency plans for the service being affected by staff sickness. This included a rating of people that used the service, what other support they had available such as family members and the risk to people if their calls should not be able to take place.
- People were encouraged to give their views on the service. People received surveys to comment on the quality of the care and support they received from staff. Where people had raised concerns or had comments, staff addressed these with the person.
- Staff reviewed people's care and support with the person and their relative if appropriate. People were able to give comments about different aspects of their support. One person told us, "We had a visit to the house a couple of weeks ago by someone in the office to see if we were happy with what they do for us. A bit like a quality control exercise. I was very pleased that they did that."
- Supervisions and appraisals were audited by the management team in order to ensure that any issues raised by staff had been actioned and in order to identify trends and themes.
- The management team completed spot checks on staff visits to people's homes. These were checks on staff practice and competency in a range of areas such as manual handling and medicine administration. The results of the spot checks were reviewed to identify any issues, and actions taken to improve staff practice.

Working in partnership with others

- Staff recorded in people's daily notes when health professionals had been to see people and what action health professionals were taking. For example, staff recorded for one person that the OT and district nurse had visited a person and recorded their advice and information given.
- Health and social care professionals gave us positive feedback about the service. One told us, "If I call the office to make an enquiry about a client, I am always given up to date feedback on the client's situation, needs and care timetable. At joint visits, carers have been, without exception, friendly, helpful and willing to work together to find a solution to improve the care provision in terms of equipment provision and moving and handling recommendations."
- External professionals also spoke highly of the management team. One told us, "In my experience I have found the senior staff to be responsive and understanding of the needs of their service users. They are quick to request reviews from GP, occupational therapist (OT) and physiotherapist where required, and clear in their direction to their care staff on the expectations and responsibilities within their role."

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