Apex Prime Care Ltd

Apex Prime Care - Potter's Court

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Apex Prime Care – Potter's Court is an extra care housing service providing personal care to people living in their own flats in one building. At the time of our inspection there were 24 people using the service.

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

Although there were always staff based in the building, people gave us mixed feedback about the timings of calls and how long the care staff spent with them. The provider undertook checks to ensure staff were safe to work with people but had not always completed checks in line with current legislation. The provider was unable to demonstrate a robust system for assessing the competency of staff to support people with their medicines. However, people received their medicines as prescribed.

There had not been an open and positive culture at the service but action had been taken recently and the situation was improving. The provider had put a new management team in place to improve the quality of the service provided. Management had learnt lessons when things had gone wrong for people and took action to make improvements.

The service had not previously had systems in place to monitor and improve care. However, since the new management team had started, some audits had been completed and others were being scheduled. The management team had worked to improve their working relationships with the commissioning authorities.

The provider undertook assessments to understand people's needs but had not always been robust in ensuring they could meet people's assessed needs before agreeing to provide care to them. Staff told us they had received an induction and recently undertaken some refresher training. However, they also felt they would benefit from having more specific training to meet the needs of people living there, such as mental health.

The provider had policies and procedures in place designed to protect people from the risk of harm and abuse and people were supported by staff who had completed safeguarding training. The manager ensured risk assessments were in place which identified where people were at risk. We were assured that the provider was using personal protective equipment effectively and safely.

Where needed, people received support with eating and drinking, as identified in their care plans. The service liaised with other professional teams to support people's needs. The service supported people to access healthcare when needed. People had signed consent forms to show they consented to staff supporting them with their personal care. People told us they were well-treated by staff who were

supportive.

The provider involved people in making decisions about their care through discussing and writing their care plans with them and holding reviews. People felt staff generally respected their privacy and dignity when supporting them.

People had care plans in place which were detailed and showed people's preferences for care and support. People were involved in a review of their care and changes were made as necessary. The provider ensured staff communicated with people in ways which met their specific needs. The provider had a complaints procedure in place.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
This service was registered with us on 21 June 2021 and this is the first inspection.

Why we inspected
The inspection was prompted in part due to concerns received about staffing and how people's needs were met. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

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?

Requires Improvement

The service was not always safe.
Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always 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?

Requires Improvement

The service was not always well-led.
Details are in our well-led findings below.

Apex Prime Care - Potter's Court

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 Health and Social Care Act 2008.

Inspection team
The inspection was undertaken by two inspectors.

Service and service type
This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

The service had a manager registered with CQC: however, they were no longer working at the service. The provider had put in place a management team to run the service in the short term which was experienced in providing domiciliary care and extra care housing. One of the team was identified as being the named manager whilst recruitment took place for a registered manager.

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 13 January 2022 and ended on 26 January 2022. We visited the location's

office on 13 and 18 January 2022.

What we did before the inspection
The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the service.

We used all this information to plan our inspection.

During the inspection
We spoke with three people using the service, five relatives, four staff, the manager and three further members of the management team.

We reviewed a range of records, including care plans and risk assessments for three people, medicines administration records, three staff recruitment files and staff training records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We received written feedback from three health and social care professionals.

Requires Improvement

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 of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The provider had a recruitment procedure in place which included seeking references and checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- However, one staff recruitment file did not have satisfactory information regarding their previous employment in a care setting.
- The provider's policy stated such information would be obtained for the previous five years. However, the regulation does not state a timeframe. This meant the provider's policy did not meet the requirements of the regulation. We raised this with the provider who then confirmed they would seek all the information required in the future to meet the regulation.
- Staff worked a shift system which meant there were always staff in the building. The provider was responsible for providing different types of care and support to people living at Potter's Court. The staff teams supported some people with their personal care but they were also responsible for supporting more people in other areas of their life. People were also able to pull emergency call bells and staff were on site to respond.
- This arrangement had led to several concerns and complaints being raised, both with the provider and the Care Quality Commission. For our inspection, we have focussed on seeking people's views regarding the support they receive with their personal care only.
- People gave us mixed feedback about the timings of calls and how long the care staff spent with them.
- Comments from people included, "[Timekeeping's] been a bit off recently with COVID, but it's not too bad now", "[Staff] have been really nice. They make sure the place is tidy and help me get dressed. Call times can vary. [Staff] seem to know me now" and "Everything is fine, it takes a lot off your mind if you know you've got someone to help."
- A relative told us they felt there was not enough staff, but, "The staff are genuinely lovely people, I know they are stressed, stretched. They do tend to do everything they can and seem to have a good relationship with [my relative]".
- We also received some mixed feedback regarding how long staff stayed for each visit. People told us, "[Staff] stay for the half hour. They always ask if there is 'anything you need or want us to do'" and "They're usually on time and stay the full time." However, a relative told us their relative had received several visits which were shorter than they were assessed as needing, and sometimes the visit had been later than planned. This meant the person had not received all the support they needed and the relative felt this put their relative at risk of harm.

● People and staff also raised an issue regarding there being one staff member on duty at night, which was causing concern. Whilst people did not routinely receive personal care during the night, people and staff were concerned should there be more than one person needing emergency care and support at the same time. Night staff were commissioned and employed to support everyone who lived at Potter's Court, regardless of whether they received personal care or not. The provider was working with commissioners to improve this situation.
● The management team told us the number of staff was based on people's needs and they had recently had a recruitment process in place. Where more staff had been needed at Potter's Court, extra staff had been provided by the provider's community-based service.
● Some people had expressed a preference regarding the gender of the care worker supporting them. However, the provider was unable to always meet this preference due to the balance of the workforce and the hours they were available to work.
● People's preferences were taken into account when possible. We heard office staff considering the rota for an individual staff member whilst considering individual wishes about gender and preferred timing of calls for people. A decision was made taking people's preferences into account.
● Management told us they aimed to roster to meet people's preferred call times as they recognised this was important to people.

Using medicines safely
● The provider was unable to demonstrate a robust system for assessing the competency of staff to support people with their medicines.
● New staff received medicines training during their induction period and were tested in their knowledge. They shadowed a more experienced staff member and that staff member observed the new worker supporting people with their medicines. However, the provider had not followed national guidance which requires a formal assessment of competence by a staff member, who is also competent to assess others.
● The management team were planning to undertake 'spot checks' of staff administering medicines as there had not been any conducted since the service opened.
● People received their medicines as prescribed. Staff completed records on the computer system to show what medicines people had taken.
● Some people were prescribed medicines as 'when needed'. The service had care plans in place which ensured staff knew what the medicine was for, how often it was needed and so on. Some people were prescribed topical creams which were flammable and the agency had identified this in people's risk assessments.

Systems and processes to safeguard people from the risk of abuse
● The provider had policies and procedures in place designed to protect people from the risk of harm and abuse. Staff had completed safeguarding training; they were aware of the different types of abuse and told us what they would do if they suspected abuse or had concerns.
● The manager had reported safeguarding concerns to the local authority as required.
● A health and social care professional told us, "Apex Prime Care have been good at communicating when care needs increase or decrease and raising safeguarding concerns."

Assessing risk, safety monitoring and management
● The manager ensured risk assessments were in place which identified where people were at risk. Risk assessments considered people's healthcare needs and the environment they lived in.
● Where risks were identified, action was taken to minimise the risks. For example, staff were given information on using equipment put in place to support people to be independent in their home.

Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing COVID-19 testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.
- One person told us the staff wore PPE and always washed their hands. They said, "Staff are very clean and conscientious about this."
- Staff told us how they ensured they used the correct PPE when supporting people.
- Staff received training in prevention and infection control.

Learning lessons when things go wrong

- Management had learnt lessons when things had gone wrong for people and took action to make improvements. This included addressing issues in staff meetings and on an individual basis.
- Incidents and accidents were recorded but had not been routinely audited. Management planned to audit the previous two months for any trends so they could make any necessary changes and monitor the outcomes.

Requires Improvement

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider undertook assessments to understand people's needs. The provider had not always been robust in ensuring they could meet people's assessed needs before agreeing to provide care to them. The manager told us they now had systems in place which ensured they would not agree to provide care if they felt unable to meet people's needs.
- Sometimes people had gone into hospital for a period of time. The service relied on information from healthcare staff which had not always been up to date, which meant people had returned home with different needs. Management had visited them when they returned home to make any changes to the care plan. The service also reported where they felt the discharge from hospital was unsafe.

Staff support: induction, training, skills and experience

- The provider had an induction programme in place for new staff, which was based on the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they had received a three-day induction and recently undertaken some refresher training. However, they also felt they would benefit from having more specific training to meet the needs of people living there, such as mental health.
- Management had started to identify where staff needed further or extra training, for example, catheter care. They were in the process of sourcing and providing the relevant training.
- The provider had acknowledged that there had been a lack of structured support for staff. To date, seven out of 29 staff had received a supervision session. The provider needed further time to ensure a system of supervision was embedded and sustained.

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

- Some people received support with eating and drinking, as identified in their care plans. Staff received food hygiene training during their induction.
- One person needed support with eating and drinking but this had not yet been agreed with the funding organisation. Management had agreed this support would be provided by staff whilst waiting for the funding to be agreed.
- One person did not officially have support with eating and drinking, but told us staff always asked them if they would like staff to get them something to eat or drink.
- One person usually ate in the restaurant on site but did not feel like going on one occasion. Staff went to

the restaurant, picked up their meal and took it to their flat so they could eat where they felt more comfortable.
● Comments from staff included, "Where people are at risk of choking, we sit with them whilst they eat and cut up their food small. The care plan identifies people at risk of choking in big letters" and "we serve [a person's] meal how they ask us to."

Staff working with other agencies to provide consistent, effective, timely care
● The service liaised with other professional teams to support peoples' needs. Examples included local authority social work and mental health teams.
● One health and social care professional told us, "I have found Apex to be responsive to my client's needs, have been very good at keeping me updated with any concerns or changes in their needs and have been proactive in addressing any issues that arise."

Supporting people to live healthier lives, access healthcare services and support
● The service supported people to access healthcare when needed.
● A relative told us staff had been "vigilant" when they noticed a skin issue on their relative's leg and offered to help with accessing healthcare.
● Staff could contact and refer to professionals such as GPs, speech and language therapists and district nurses.
● The service also had links with a local team which could support people if they fell and needed help to get up. This meant people did not have to wait for an ambulance unless this was assessed as being needed.

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 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 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.

● People had signed consent forms to show they consented to staff supporting them with their personal care.
● Staff understood people had the right to decline care if they wished. Staff also understood that people living with dementia still had capacity to make certain decisions.
● If people declined care and support, staff tried different approaches. For example, staff would return later. Where people declined, staff ensured this was recorded.

Good

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
- People told us they were well-treated by staff who were supportive.
- One person told us staff were kind and caring, adding, "They're really hardworking" and another said, "Yes, staff are respectful, kind and caring."
- A relative told us staff were, "definitely caring and respectful. When we bump into the carers, they treat her like she is their best friend."
- A health and social care professional told us, "My client's feedback with regards to the carers has been very positive and she has had only nice things to say about the service they are providing."
- A staff member told us how they personalised the support they provided to a person who liked to watch the television while being supported with their personal care. This ensured they could continue as they wished.
- Another staff member described how a person had declined personal care from that staff member and had given them a reason for this. The staff member took this on board and made a change which meant the person would feel able to accept care and support from them.

Supporting people to express their views and be involved in making decisions about their care
- The provider involved people in making decisions about their care through discussing and writing their care plans with them and holding reviews.
- Staff told us they asked people what they would like to wear and offered them a choice of meals.
- We heard an example where one person needed support to attend a meeting where they had been invited to give their views. A staff member had actively made an effort to ensure the person could attend the meeting.

Respecting and promoting people's privacy, dignity and independence
- People felt staff generally respected the privacy and dignity when supporting them. However, some people told us there had been occasions when staff had let themselves into flats, either without knocking or without waiting for an answer. Management told us they were aware of these concerns and had spoken with staff about this. The manager provided us with staff meeting minutes which confirmed this. One person told us staff always rang the doorbell before entering the flat.
- A relative told us, "Apex visit every day and support [my relative] to shower. Staff support him with dignity and respect during personal care."
- Another relative told us, "Staff always ask for consent. [My relative] is involved in her care."
- A staff member told us they asked for permission before supporting people with personal care and told

them what they were about to do. Another staff member said they asked people if they would like time alone in the toilet.

Good

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 had care plans in place which were detailed and showed people's preferences for care and support. Care plans showed how people liked to be supported, for example, how they liked to conduct their personal care routines. Where required, staff also supported people to look after their pets.
- When people's needs changed, staff reported to the office and relevant changes were made to the care plan.
- The service was responsive to peoples' changing needs. A relative told us when their relative needed urgent support, they were able to "pull the cord" and staff always went to them. Staff could not lift their relative but would, "check on him and see what help he needs. They contact the ambulance or a team with a 'blow-up chair'. It takes a lot off your mind if you know you've got someone to help. They always ask if there is anything you need or want us do".
- One person requested a different visit time so they could attend a meeting. The service was able to change the time at short notice to meet their needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider ensured staff communicated with people in ways which met their specific needs. For example, where people used an interpreter, the service ensured the interpreter could attend meetings.
- Another person had a whiteboard which staff used to communicate with them.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. We saw the service had responded to complaints and apologised where necessary.
- However, people we spoke to, told us they were not sure how to make a complaint, although they confirmed they had not needed to. One person said they were recently made aware of how to complain.
- We noted the complaints procedure was not clear for readers, as there was several addresses and telephone numbers which were not relevant for people. It could therefore be confusing regarding how to make a complaint. We raised this with the provider who agreed to amend the format to be easier to follow.

End of life care and support

● The provider did not specifically offer end of life care. However, when people received care and support, management discussed their end of life preferences, such as whether they wished to go to hospital and whether they had any religious preferences.

Requires Improvement

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There had not been an open and positive culture at the service but action had been taken recently and the situation was improving.
- Management were aware that some people had been told by staff of staffing and management issues affecting staff. People then shared these issues with other people which raised anxiety. A relative told us, "All the carers are going in and telling residents that there are not enough staff and this is causing them concern." Management had taken action to address this issue during a team meeting.
- There had been management changes in recent months and people felt they were not kept up to date. One person said, "I know [manager's name] is the manager and I know some other [managers] have been brought in from another branch. Quite a lot of them we don't know. We haven't really been kept updated with the changes in management, just heard what is happening from the carers."
- Another person told us, "My main issue from the management is communication." They went on to say they asked several times for a schedule of visit and when they received one it was incorrect." However, another person told us they did see the roster each week. Therefore, some people did not always know which staff were visiting or when.
- A relative told us generally, there had been no issues with the actual care and any minor issues had been dealt with. However, there had been "teething issues" regarding the management. They said, "You would go in and ask to speak to someone and then when you went in again someone else had taken over and then again another person had taken over. Things have gradually settled down."
- However, another relative told us, "[Management] have always been very good. They have a good understanding of [my relative] and what needs to be achieved."
- Staff felt the management of the service had improved but were concerned if they worked alone at night. They also told us they could not always get through to the 'on-call' staff member out of hours. However, the provider said this was not the case and that the calls were always answered.
- One staff member told us, "I have seen positive improvements, there is more structure now."

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 manager understood their responsibilities if anything went wrong and what action they needed to take. They told us they would be "open and honest, and transparent" with the recording process.

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

regulatory requirements
● The provider had put a new management team in place to improve the quality of the service provided.
● The management team told us their vision for the service was to build a community people living at Potter's Court and staff. They recognised they were "the faces of Apex" and wanted people to feel at ease.
● A new staff member had been recruited recently specifically for the role of monitoring quality assurance systems.
● Staff felt they worked well as a team. We were told, "We all help each other" and "We have good teamwork."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider recently held a 'residents' meeting.' The meeting was combined with housing and ensured people could raise any thoughts, ideas or concerns about the way the service was run.
● People were involved in a review of their care and changes were made as necessary.
● The service was planning to send a quality assurance questionnaire to people soon.

Continuous learning and improving care
● The service had not previously had systems in place to monitor and improve care. However, since the new management team had started, some audits had been completed and others were being scheduled.
● For example, a monthly medicines audit and care audit had been completed. Any issues were identified and management raised these with the staff.
● Auditing had identified areas where people needed further support. For example, the manager followed up a specific issue noted through the audit and it was identified a health care professional was needed.
● One person told us about a time when there had been a "glitch on the system and no record of a call was showing on the system. [The manager] came down to check the visit had taken place and ensure everything was okay."
● Management had recently sent out a staff survey to seek staff views on the service and were waiting for responses to be received.

Working in partnership with others
● The management team had worked to improve their working relationships with the commissioning authorities. This had led to improvements being proposed which would benefit people using the service.