Apex Prime Care Ltd

Apex Care Alton

Inspection report

Unit 3, The Corner House
Amery Street
Alton
Hampshire
GU34 1HN

Tel: 03302020200
Website: www.apexcare.org

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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

This inspection took place on 27 October 2016. We gave the registered manager short notice as we needed to be sure she would be present.

Apex Care Alton provides domiciliary care support to 90 people in the community living in their own homes. The service also provides a range of other support outside the remit of inspection.

The service had a registered manager as required to manage its day to day operation. 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives felt the staff were caring and kind. They told us staff supported their dignity and privacy effectively and involved them in making decisions about their day-to-day care. People were encouraged to do what they could for themselves.

People were involved in reviews of their care needs. Staff asked people's consent before providing support. Office copies of care files were not in a consistent, orderly format.

Staff had been trained and knew how to respond to signs of possible abuse and how to report it. They felt the registered manager would respond appropriately to any concerns raised.

A robust recruitment process helped ensure staff had the skills and approach to care for vulnerable people. Staff received an appropriate induction and their competency was assessed. A programme of ongoing training was provided. Staff care practice was monitored through spot checks, carried out by management to observe their work.

Staff received ongoing support through supervision meetings. A programme of annual appraisal was beginning. Team meetings were infrequent but staff felt well supported through regular contact with the office and described management as supportive.

The service had a complaints procedure which people were told about and complaints were addressed appropriately by the registered manager. People's views about the service had been sought by means of twice yearly surveys. The feedback was positive and where any issues had been raised they had been addressed.

The registered manager and provider monitored and reviewed the operation of the service and changes had been made where monitoring or feedback had identified issues.

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.

People felt safe and staff knew how to keep them safe and report any concerns. Staff had been trained and knew how to recognise the signs of potential abuse.

Risk assessments address any major identified risks. Additional clarity was required from the local authority regarding some additional areas of risk noted in assessments.

The service employed sufficient staff and had a robust recruitment process.

Is the service effective?

Good

The service was effective.

People felt the service met their needs well and were positive about the quality and approach of care staff.

People's rights were protected and staff sought their consent before providing care.

Staff undertook a recognised induction process and completed a programme of core training to equip them with the skills they needed.

Staff were supported through a programme of supervision and spot checks of care practice, although the appraisal process was only beginning to be developed.

Is the service caring?

Good

The service was caring.

People felt staff were kind and caring and respected their dignity. Staff understood and described some of the ways they did this.

People were involved in planning and reviewing their care and staff involved them in their day to day care, encouraging them to do things for themselves.

Is the service responsive?

Good

The service was responsive.

People were positive about the flexibility and responsiveness of the service and felt they had been consulted about their care.

They felt able to raise concerns or complaints with management and said these were then addressed.

Care plans contained enough information to enable staff to provide individualised care and regular care staff were provided as far as possible to maximise continuity.

Is the service well-led?

Good

The service was well led.

The registered manager was popular with staff and people felt she was approachable if they wanted to raise anything.

The provider's ethos and values were promoted to staff through documentation and guidance. People were also informed of these via the statement of purpose and service user guide.

The registered manager and provider monitored the operation of the service.

Office copies of people's care files were not in sufficiently good order.

Apex Care Alton

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.

We last inspected the service on 01 September 2014. At that inspection we found the service was compliant with the essential standards we inspected.

This inspection took place on 27 October 2016.

The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

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 looked at the information provided in the PIR and used this to help with the inspection. Prior to the inspection we reviewed the records we held about the service, including the previous inspection report, details of any safeguarding events and statutory notifications sent by the provider. Statutory notifications are reports of events that the provider is required by law to inform us about.

We spoke on the telephone to seven people who were receiving a service and five staff, to obtain their feedback about the service. During the inspection we spoke with the registered manager. Prior to the inspection we contacted the local authority to seek their views. No concerns were raised about the service.

We reviewed the care plans and associated records for five people, including their risk assessments and reviews. We examined a sample of other records to do with the service's operation including staff records, surveys, meeting minutes and monitoring and audit tools. We looked at the recruitment records for the three most recently recruited staff.

Good

Is the service safe?

Our findings

People all felt safe and well care for by the service and its staff. When asked if they felt safe when supported by the staff, people said, "I am always safe", "Yes, absolutely" and "Yes I do." A relative commented, "They treat [Name] very well, he is safe, [staff name] is very good."

Staff had all received training in safeguarding within the provider's required timescales. Staff described appropriately how they would respond to concerns about people's safety and were familiar with the types of potential abuse and their possible signs. They were confident management would respond appropriately if they raised a concern. One person had done so and was happy it had been addressed appropriately. Another staff member said the registered manager made them feel comfortable to raise anything they felt they needed to.

No safeguarding issues have been reported regarding the service in the previous 12 months.

As part of keeping people safe, the service uses a call monitoring system to help identify if staff have not arrived on time for a care call. However, some people decline to allow care staff to use their land-line to log in and out, or do not have a land-line, so this is not always effective. Where people decline, they are asked to sign to confirm this. Only one call had been "missed" in the previous 12 months and a replacement staff member carried out the call once the office were notified the regular staff member had failed to arrive. The agency took other appropriate action including a written apology to the person for the error.

Each person's file contained a risk assessment which dealt primarily with any risks associated with the person's home and immediate environment. The form also contained a brief section relating to some care related risks such as those associated with moving and handling. In two people's files, we found possible risks referred to within the local authority assessment, which had not been assessed in detail by the service. For example, one local authority assessment noted a risk of skin breakdown. It was not clear from the contract, whether the local authority viewed the monitoring of this risk to be part of the contracted care by the service but this required further clarification. Another person's file contained a similar issue relating to a risk of falls. We saw other files did contain risk assessments such as those for moving and handling or falling.

The agency employed sufficient staff to meet the care calls it had taken on. The registered manager said recruitment could, at times, be challenging due to local competition. The service paid various enhancements, not always paid by other services, which generally addressed this. Two new staff were working to complete their induction at the time of this inspection and one had completed this and was due to start carrying out care visits. The registered manager was clear the service did not take on care packages unless it had the necessary staff to support them.

The recruitment records for the three most recently recruited staff showed a robust system of pre-employment checks was in place. Files contained evidence of a criminal record check, references and copies of documents confirming the person's identity. A full employment history was obtained and staff completed a health questionnaire.

The level of support provided to people with their medicines was not always clear. The service employed one person as medication officer to oversee this aspect. The registered manager said the service supported and prompted people to take their own medicines, applied prescribed creams and sometimes re-ordered medicines for people who had no family to do this. However, the wording of one care plan suggested medicines were administered, which was not the case according to the registered manager or the service's statement of purpose. When staff were responsible for prompting people to take their medicines, this was recorded on MAR sheets so a clear record was available and to facilitate monitoring.

The service did not have a written business continuity plan for foreseeable events. The registered manager described appropriately the actions which would be taken in the event of such crises and a written plan was devised during the inspection.

Good

Is the service effective?

Our findings

People felt the service was good at meeting their needs. Their comments included, "They couldn't have been better", "We have been very pleased with Apex" and "Excellent." People were positive about the care staff and several of them said they valued the continuity of being provided with a consistent staff member or group of staff. People said they had, "Regular carers", "Consistent carers" and "A small team of regular carers." People were happy with the timekeeping of staff and understood that they could at times, be delayed by traffic or the needs of the previous person they visited. They said staff or the office usually called to let them know if they were running late.

The registered manager explained they always carried out an assessment of the person's needs in their home, wherever possible so they could see for themselves how the person managed and identify any issues with the provision of support.

New staff were working towards the national "Care certificate" induction. The registered manager said they planned to assess existing staff using the Care certificate competencies, to identify any additional training needs. This process had begun. Staff said they had received and appropriate induction and their training was kept up to date. They spoke about shadowing more experienced staff before going out on care visits alone. One staff member said the training was good and was presented in an easily understood way.

All training apart from Quality Care Framework (QCF) was provided in-house. The service employed two staff who had been trained to enable them to deliver key training to other staff. The training spreadsheet provided showed staff had all attended training within the provider's expected timescales. The registered manager was aware that some updates were scheduled in the next two months.

Eleven staff were undertaking QCF and six had already completed this or a comparable qualification. One staff member was waiting to start their NVQ level 2.

Staff received supervision every three to six months according to the registered manager. The annual appraisal process was not really distinct from supervision and the same format was used for all 'supervisions'. The records provided by the registered manager showed staff had all attended a supervision in the previous eight months, with most having attended more recently that that. Only two staff had a recorded appraisal in the previous 12 months. The manager undertook to devise a separate format for appraisals and schedule these in for staff who had not had one. Staff felt well supported and said they could ask to talk to one of the office staff or the registered manager any time if they had any concerns.

Supervision and training were backed up by spot-check visits, approximately three-monthly, to observe staff care practice directly. All staff had a recent spot check carried out or had one scheduled soon. Although some elements of competency assessment were included in the spot check record, the current format did not cover the full range of care competencies to check the competency of staff in all areas. Staff had access to out of hours support via the on-call phone number shared between the registered manager and coordinator and could call the provider's area manager for more serious issues.

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.

Most of the people supported had capacity to make day to day decisions about their care. Wherever possible, people were fully involved in planning their care along with their family when agreed. People all said staff always sought their consent before providing care and support and checked they were happy to go ahead. Care plans were generally signed by the person receiving support. In one case the person's next of kin had signed the care plan. The service needed to clarify whether they had power of attorney to enable them to do so.

Where people did not have capacity for particular decisions, the registered manager explained they carried out a best interest process to identify the way forward. In one case a best interest discussion was being planned to address concerns about the level of the person's needs.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The registered manager identified a person who required referral to the local authority for them to consider whether their liberty was being limited, which would require the local authority to apply to the court of protection for a deprivation of liberty order.

Staff spoke about how they respected people's rights and sought their consent prior to providing care. One staff said "I always explain to people what I am going to do and check they are happy." Another said, "We respect their rights and always get consent". A staff member commented that they had continued to support people who had transferred over from another care provider. This had maintained continuity of the person's care, which they had found reassuring.

Some people were supported with meal preparation as part of their care. Only one was assessed as at risk of malnutrition and a pureed diet was provided. Food intake records were maintained together with any refusals and records included when nutritional supplements were given.

Those people who needed it were happy staff would contact their GP or care manager on their behalf if necessary. One person was happy staff had given them extra help when they had been unwell and had even packed a bag of clothes for them in case they needed to go to hospital. People also gave examples where the service had liaised well with healthcare professionals to make sure they got the support they needed, including occupational therapists and the GP.

Good

Is the service caring?

Our findings

People felt the staff were kind and caring and treated them with respect. Their comments included, "I am being looked after very well indeed", "They are very caring people", "I'm quite happy with the care" and "They are very good to me, they really are." People felt staff respected them as individuals. They felt having consistent staff also helped as this meant they got to know each other and this helped them to develop trust.

Staff described how they respected people by remembering they were in the person's own home and asking how they wished to be addressed. One staff member explained, "It is not about taking over their lives." Another said, "I treat people as individuals, as I would expect my parents to be treated."

A staff member explained further that they, "Let people do what they can for themselves, talk to them and involve them." Staff told us they supported people's dignity by working behind closed doors and curtains and making sure the person was comfortable in the situation. One staff member added, "You go at their pace," another said "We respect their privacy."

People, and where appropriate, their families, were involved in planning and reviewing their care. Care plans noted those elements of their care, which people could manage for themselves, and when and to what degree, prompting was required. People were asked their views and preferences as part of their assessment.

People were happy that staff looked after their dignity in the course of supporting them. One said, "They are very good re dignity."

The registered manager said staff were told about respecting dignity as part of induction and the explanation of the ethos of the service, and this was also asked about within the interview. The Induction structure included sections on privacy and dignity, equality and diversity and duty of care, as well as other relevant subjects. People's feedback via the service's quality survey indicated a good level of satisfaction with how the staff addressed all these areas.

Good

Is the service responsive?

Our findings

One person told us, "I have not got a bad word to say about them." People were happy the service responded to problems such as care staff running late, with courtesy. One told us the office "…call if running late", another said, "They will call if they are going to be late." People told us staff would call the doctor for them if they were unwell and wanted this. People described examples where staff had gone beyond the basic care plan or varied this to suit their changing needs or wishes on the day. People were happy they could make day to day choices about their care and staff would support this.

People felt they had been consulted and made choices about their care. One person said, "I was involved in my care plan", another told us, "I was involved in my care plan as much as possible." One person said, "I wrote my own [care plan]."

Staff felt the care plans they used were sufficiently detailed and current to allow them to deliver personalised, relevant care. They were happy the care plans were updated when people's needs changed. One staff member told us that where changes had to be made to care plans at short notice, they were told about them via phone call or text pending the update of the care plan. The change was recorded in the person's care notes, to ensure other staff were made aware. Staff also said the office would chase up external healthcare practitioners on people's behalf, when necessary.

The care files contained copies of local authority and service-based assessments, the local authority contract and the care plan, supported by a completed risk assessment format. Copies of daily notes and completed medicines records were also on file. Care plans and assessments were updated periodically to reflect changes in people's needs or wishes. The care plans included information on people's wishes and preferences to support person-centred care.

The services complaints procedure was described in the service user guide and mentioned in the statement of purpose. The registered manager told us a complaints form was included in the care file in each person's home and the process was also verbally explained to people and relatives. The complaints log showed the service had acted to resolve any issues raised.

People had opportunities to raise any concerns they might have during reviews or when management spot checks were carried out and also when the medication officer visited to renew medicines records. The registered manager described actions they had taken in response to people's complaints, which had included changes to care staff. Minor issues raised were discussed with staff in supervision or reminders were placed in the care file about the issue. Positive feedback about staff from people or relatives, were fed back to the staff.

People were happy that any concerns or complaints would be deal with by the registered manager. Most had not had any cause to raise a complaint. One person told us they had raised minor issues but, "They were sorted out," another said the issues they raised were addressed. People were aware of the office phone number and knew they could call to discuss anything. One person said the number was, "…on the care

folder", another said of the office staff, "They are very approachable."

Good

Is the service well-led?

Our findings

People felt the service was well run and the registered manager and the office staff were approachable. People knew how to contact the registered manager and felt she listened to them. One person said of the office, "They are well organised."

Staff described the registered manager as, "Friendly and approachable" and "Very good and very helpful." One staff member said she "…made it comfortable to speak to her." Others said, "Work/life issues are well managed, she takes staff needs into account" and "It's a positive team, we get on well."

Staff confirmed that team meetings had not taken place very frequently but felt well supported and confirmed that management carried out spot checks to monitor care quality. The registered manager said the provider also had an 'employee of the month' scheme, where vouchers were given to the nominated person, to reward outstanding work.

Staff felt the provider had made their vision and values clear and they knew what was expected of them through the guidance, policies and procedures which they had been given. They felt valued and well trained by the service and that colleagues were supportive. Staff knew they could obtain out of hours support from management and those who had used the out of hours' number said they had felt supported at the time. The service's statement of purpose and service user guide spelled out the provider's care principles, aims and objectives and identified the rights of the people it supported.

The minutes of the most recent team meeting in August were hand written. Another set of meeting notes were undated. There were no minutes filed from January to July 2016. The registered manager said she would consider more regular scheduling and typing the minutes up in future. The file also contained a typed memo to staff from October 2016 containing reminders about expectations around staff care practice.

Staff were encouraged to develop their skills and knowledge through completing nationally recognised care qualifications in addition to their core training.

The service was monitored by the provider and the registered manager. The performance of staff was monitored through spot checks to observe care practice and any issues were addressed. The registered manager met with the provider monthly to discuss progress. We saw minutes from the meeting in September which addressed a range of service and operational issues. Although there was no written service development plan, the registered manager knew the provider's priorities and worked to the targets given to her by the provider. The registered manager complete a monthly report to the provider detailing key measures of performance and care files audits which had taken place.

The registered manager said quality surveys were sent out twice each year to get people's views. People had all received a recent survey from the service seeking their views about the care and support provided. Some recalled having received previous surveys.

The results from the April 2016 survey were mostly positive. A small number of issues were raised which had been addressed. People were satisfied with the service.

The office care files were not all maintained in an orderly fashion and the contents were often not secured within files. Multiple copies of care plans and some other documents were present, not necessarily filed in chronological order. This meant it wasn't always easy to identify the most up to date version. Some documents were also undated. The registered manager said that the files in people's homes generally contained the current records to avoid confusion and staff feedback suggested these files were kept up to date.