

Apex Prime Care Ltd

Apex Prime Care - Hersham

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

Apex Prime Care - Hersham is a domiciliary care agency that was supporting 75 people at the time of the inspection. Not everyone using the service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. Most of the people using the service were older people although some were younger adults who needed support due to healthcare conditions.

People's experience of using this service:

The improvements in management oversight and monitoring which had started at the last inspection had been embedded, which meant people received well-planned and reliable care.

The management team's communication with people, relatives and staff had improved. This meant people knew which staff would be visiting them and were informed of any changes. Staff received more detailed information about people's needs, which ensured they had guidance about how to provide the care people needed.

The provider had effective quality monitoring systems and the care provided by staff was monitored through spot checks. People were encouraged to give feedback about their care and this was acted upon. The registered manager investigated any concerns or complaints received and ensured these were resolved.

People received their care from consistent staff, which they said was important. Staff were kind and caring and treated people with respect. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were enough staff employed to meet the agency's care commitments. The provider's recruitment procedures helped ensure only suitable staff were employed. Staff understood their roles in keeping people safe from abuse and felt able to speak up about any concerns they had.

People's needs were assessed to ensure staff had the training and skills to provide their care. Potential risks to people and staff had been assessed and measures put in place to mitigate these. Medicines were managed safely and staff maintained appropriate standards of infection control.

Staff attended an induction when they joined the agency and had access to the training they needed to provide people's care. Staff met with their managers for supervision, which enabled them to discuss their performance and training needs.

Staff monitored people's health and reported any concerns they had about people's wellbeing. This enabled people's relatives or the management team to arrange appropriate healthcare input. The agency worked effectively with other professionals to ensure people received the care they needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

At the last inspection the service was rated Requires Improvement. The report of this inspection was published on 19 April 2018. People did not always receive a reliable, consistent service. Some people reported that their care workers were often late and they were not always informed if their care workers were delayed. Some staff said they had insufficient travelling time between calls and did not always have time at each visit to provide the support outlined in people's care plans.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider is no longer in breach of regulations.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-led findings below.

Good ●

Apex Prime Care - Hersham

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out the inspection.

Service and service type

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

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

Notice of inspection

We gave the service 48 hours' notice of the inspection visit because we needed to be sure the registered manager would be available to support the inspection.

Before the inspection

We used the information the registered manager sent us in the provider information return (PIR), which was submitted in March 2019. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law.

During the inspection

Inspection site visit activity started on 22 May 2019 and ended on 24 May 2019. We visited the office location on these dates to see the registered manager and to review care records, documentation and policies and procedures.

We checked care records for four people, including their assessments, care plans and risk assessments. We looked at four staff files and records of staff supervision and spot checks. We also looked at the complaints log, accident and incident records, quality monitoring checks and audits.

After the inspection

We spoke with five people who used the service and four relatives by telephone to hear their views about the care and support provided. We received feedback from a professional who had an involvement with the agency. We also received feedback from five staff about the training and support they received to carry out their roles.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

- There were enough staff employed to meet the agency's care commitments. People told us they received a reliable service and that staff almost always arrived within their agreed time window.
- The registered manager told us that the agency did not take on care packages unless staffing resources were sufficient to ensure this commitment could be met. The registered manager said, "It's not about business, it's about providing safe care and if we haven't got the staff, we can't take on the care. If you're going to grow, you have to grow safely."
- The provider's recruitment procedures helped ensure only suitable staff were employed. Prospective staff had to submit an application form and to attend a face-to-face interview. The provider also obtained proof of identity and address, references and a Disclosure and Barring Service (DBS) check in respect of staff. DBS checks help employers make safer recruitment decisions and include a criminal record check. The registered manager was supporting staff who were EU citizens from outside the UK to register on the EU Settlement scheme.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when staff provided their care. They said staff understood how their care should be provided and followed the guidance in their care plans.
- Staff received safeguarding training and understood their responsibilities in protecting people from abuse. If concerns had been raised about people's care, these had been reported to the relevant agencies, including the CQC and the local authority. Where requested, the provider had investigated concerns and recorded the action taken to address them. The agency had also notified the local authority if staff had concerns that people were at risk, for example of financial abuse.

Assessing risk, safety monitoring and management

- Assessments were carried out to identify any potential risks to people receiving care. Risk assessments considered the environment in which care was to be provided and any equipment involved in people's care. Where risks were identified, measures were put in place to mitigate these.
- The agency had a business contingency plan to ensure people would continue to receive their care in the event of an emergency. The plan prioritised people who would be most at risk if they did not receive their care.

Learning lessons when things go wrong

- Staff recorded any accidents or incidents that occurred. These records were reviewed by the registered manager to ensure that action was taken to prevent similar incidents happening again.

Using medicines safely

- Medicines were managed safely. Staff who administered medicines received training in medicines management and their practice was assessed by a member of the management team. Staff told us the training they received had given them the knowledge and skills to feel confident in the safe management of medicines. One member of staff said, "I am a very experienced carer and have attended several medication update trainings. I feel confident to administer medication."
- Medicines administration records were maintained on the app-based recording system used by staff. This meant the management team had oversight of people's medicines records in real time and would be able to follow up and address any errors.

Preventing and controlling infection

- Staff helped people keep their homes clean and maintained appropriate standards of infection control. People told us staff wore gloves and aprons when necessary. Staff attended infection control training in their induction and regular refresher training in this area.
- Staff infection control practice was observed during spot checks carried out by the management team.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to ensure people received a consistent, reliable service. Some people said staff did not arrive on time and they were not always informed if staff were running late. Some staff said their rotas were not well-planned and they did not have time to provide all the care people needed at their visits. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 9.

- People told us they could rely on their care workers and that staff usually arrived on time. They said they were informed if staff were running late. One person told us, "They are very reliable." Another person said, "There are no problems with timekeeping, they are very good in that respect."
- Staff told us their rotas were now better organised, which meant they were able to arrive at their calls on time. Staff said they had enough time to provide all the care people needed at each visit. One member of staff told us, "I have enough travel time between calls. I am also available to stay for the correct length of time at each visit to do everything that is required." Another member of staff said, "In general, we are given the correct amount of time for each client, if in special circumstances we need more time, we will inform the office who will contact social services or the relevant family members."
- Since the last inspection, the agency had implemented an app-based call monitoring and recording system. The registered manager said the system had improved the ability of the management team to monitor call completion and to respond to any potential concerns. The PIR stated, 'The PASS system has been introduced within our service. This is a digital management platform that provides single view care records from the moment the service user begins a care package with us.'
- People's needs had been assessed before they began to use the service to ensure the agency could provide their care. People said they had been encouraged to contribute to their assessments and to express their preferences about the delivery of their care. The PIR set out the information the agency gathered about people during the assessment process, stating, 'Assessment stage includes a person-centred approach, personal preferences, what the individual wishes to achieve within the care package, risk assessments, capacity and consent, power of attorney, medication requirements, health conditions and how it affects them.'

Staff support: induction, training, skills and experience

- Staff had an induction when they joined the agency, which included mandatory training. Staff were also

expected to complete the Care Certificate, which is a set of nationally-agreed standards that health and social care staff should demonstrate in their work. One member of staff said, "I had an induction before becoming a carer, which I found invaluable." Another member of staff told us, "I had a four-day classroom-based induction, which included the Care Certificate and mandatory training, plus two days shadowing in the field."

- Staff confirmed they had received all the training they needed to meet people's needs. They also confirmed that they met regularly with their managers for one-to-one supervision, which enabled them to discuss their practice and any issues they had. One member of staff told us, "All my training is up to date and my manager intends to give me further training on the PASS system." Another member of staff said, "We have supervision every few months, which I find to be extremely helpful."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to maintain good health. People told us their care workers monitored their health and highlighted any concerns they noticed. Relatives confirmed that the agency contacted them about any concerns that staff had observed.

- The agency worked effectively with other professionals to ensure people's healthcare needs were met, such as GPs, district nurses and pharmacists. The PIR stated, 'The relationship between our service and other local professionals is very open and transparent. We have clear communication and reporting with concerns regarding a service user. All communication is documented and followed with email correspondence.'

- We heard examples of how communication with professionals had resulted in positive outcomes for people. For instance, care workers had reported that a person's mobility had decreased, which restricted their independence and potentially put them at risk. The management team requested an occupational therapy assessment based on the care workers' concerns. As a result of the assessment, equipment was provided which enabled the person to mobilise safely with support.

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

- People's dietary requirements were assessed during their initial assessment and any dietary needs recorded in their care plans.

- People who received support with meals said they were happy with this aspect of their care.

- Staff attended training in nutrition/hydration in their induction and had access to refresher training in this area.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

- People's care was provided in line with the MCA. People recorded their consent to their care and confirmed that staff asked for their consent on a day-to-day basis. Staff received training on the MCA in their induction and team meetings were used to reinforce their knowledge of this legislation.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us the staff who visited them were kind and caring. One person said of their care workers, "I get on very well with them, they are lovely. They do their best. Nothing is too much trouble." Another person told us, "I'm happy with all of them, I am very lucky."
- People and relatives told us consistency of staffing was important to them. They said the agency tried hard to ensure people received their care from regular staff. One person told us, "I see the same carers, except when they have time off." Another person said, "I wasn't happy when I was getting different staff all the time but that has improved. Now I've got regular carers I am happy." A relative told us, "We are happy. We have regular carers so we have consistency, which is important to us."

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Staff treated people with respect. People told us staff maintained their privacy and dignity when providing their care. One person said of staff, "They are very respectful, very polite." Another person told us, "They respect my wishes."
- We asked staff what they understood the agency's values to be. Staff responses focused on promoting dignity, independence and individual choice. Responses from staff included, "Our values are quality, compassion, community and respect", and, "To maintain and promote independence, dignity and client's rights."
- People were encouraged to identify their religious and cultural needs and these were respected. For example, one person was supported to church each week by a care worker. Another person said they were happy to have a male and a female care worker for a double-up call but wished to receive personal care only from female care workers. This was enabled by the agency.
- The agency had appropriate procedures to ensure confidentiality of information was maintained. Staff were told about the importance of maintaining confidentiality during their induction. The PASS system was designed to ensure that people's information was used and stored in line with the General Data Protection Regulations (GDPR).
- People told us staff supported them to maintain their independence where this was important to them. They said staff encouraged them to do things for themselves where possible but provided support when they needed it. Support plans recorded the aspects of care that people could manage themselves and the areas in which they needed assistance.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each person had an individualised care plan, which recorded their needs and preferences and provided guidance for staff about how to provide their care. People told us they were involved in developing their care plans to ensure they reflected their wishes. Care plans contained information about people's lives, such as family, friends, education and employment, which meant staff knew about their personal histories.
- Care plans were reviewed regularly to make sure they continued to reflect people's needs. The first review took place six weeks after a person began using the service to check they were satisfied with their care plan. Following this, care plans were reviewed twice a year, although were reviewed more often if people's needs changed, for example following a hospital stay.
- Staff told us they were given enough information about people's needs before they began to provide their care. One member of staff said, "We have detailed information on our system about our clients' needs. If we need to know anything more, we are encouraged to speak to our office who will tell us everything we need to know." Another member of staff told us, "We receive enough information about people's needs before we support them. Also, we have the PASS system which we can refer back to."
- People told us staff were responsive to their changing needs. They said staff were willing to adapt the support they provided at each visit depending on what was needed. One person told us, "They are very good. They get on with the job and they always ask us if there is anything else we need doing before they go."
- Relatives told us the agency did their best to provide flexibility in the service provided. For example, a relative said, "They know [family member] goes to the day centre three days a week and that he has to be up and out, so they make sure they come early on those days." Another relative told us that they usually prepared their family member's meals but could rely on staff to prepare a meal if they were not at home with their family member.

End of life care and support

- The agency was not providing end-of-life at the time of our inspection. The agency's assessment document addressed end-of-life care and people were asked whether they wished to record their wishes about this aspect of care during their assessment.

Improving care quality in response to complaints or concerns

- The agency had a complaints procedure which set out how complaints would be managed. This was given to people and their relatives when they began to use the service. People knew how to complain and were confident the registered manager would respond appropriately to any concerns they had.
- The complaints log demonstrated that any complaints received were investigated and responded to in line with the provider's policy. The registered manager had taken steps to ensure that any issues people raised were used to improve the service. For example, verbal concerns and the actions taken to address

them were recorded in addition to formal complaints. This provided evidence that people's concerns were responded to and resolved to their satisfaction.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The agency established any needs people had in relation to communication during their initial assessment. If specific communication needs were identified, these were recorded in people's care plans. Guidance was provided for staff about how to meet people's needs if they were affected by disability, impairment or sensory loss.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Prior to the last inspection concerns had been raised about the management and oversight of the agency. At the time of the last inspection, the registered manager had recently taken up their post and had worked hard to improve the service. Whilst the manager's efforts had led to improvements in some areas, these had not yet been embedded to ensure people received a consistent, well planned service. We rating the service as requires improvement in this domain and made a recommendation to the provider.

- At this inspection we found that improvements had been embedded, which had led to further improvements in the consistency of care and management oversight.

- The registered manager led a management team which included two care co-ordinators and two field-based senior care workers. Each member of the management team had specific responsibilities, which meant there was accountability for key areas such as rota planning, spot checks, auditing and quality monitoring.

- The communication from the agency's office-based team with people, relatives and staff had improved. People told us the office team were helpful and that they could always access the information they needed from the office.

- Staff reported that communication with them had improved since the registered manager's arrival in post. They said they had access to information and support when they needed it. One member of staff told us, "The agency is well run and efficient. The manager is brilliant and the office team. They communicate with us care staff well."

- There were effective systems in place to monitor the quality of the service and to identify any emerging themes or concerns. The registered manager understood their responsibilities as a registered person, including duty of candour and the requirement to submit statutory notifications when required.

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

- The provider's quality monitoring process included seeking feedback from people who used the service. The provider sent satisfaction surveys to people and their families each year and collated the results. Where people had requested changes, these had been implemented.

- People told us the agency contacted them to ask their opinion of the service they received. One person said, "They do phone to check we are happy with things." Another person told us, "I had the manager round yesterday. She asked if everything was all right, if we were happy with everything."

- Staff told us they were well-supported by the registered manager and management team. They said

communication was effective and they could always contact a member of the management team when needed. One member of staff told us, "I can honestly say Apex is run very efficiently, compassionately and professionally." Another member of staff said, "We are well informed by the office; they keep us updated, especially [registered manager] and the co-ordinators. They are very thorough and on the ball."

Continuous learning and improving care; Working in partnership with others

- The care provided by staff was monitored through spot checks at which staff received feedback about their practice. During spot checks the management team checked care workers' skills in communication, moving and handling, medicines administration, health and safety, infection control and record-keeping.
- Staff told us they received feedback about their performance, which was useful in improving their practice. One member of staff said, "We have spot checks including uniform, punctuality, hygiene, including changing gloves, aprons, and shoe covers. This is very important and I agree with this policy one hundred percent." Another member of staff told us, "I receive spot checks and feedback about my practice. This is very helpful as it makes me learn from any little mistakes or helps me to provide care better and improve as I go along."
- The registered manager was required to submit performance data to the local authority as part of the authority's commissioning and quality monitoring processes. This included information about call completion, staffing capacity, complaints, safeguarding and staff training. The local authority's quality assurance manager had also visited the agency to monitor the service and made a number of recommendations following their visit. These recommendations had been implemented by the registered manager.
- The registered manager met with other managers of care services operated by the provider to keep up-to-date with good practice and developments in the care sector. The registered manager had signed up for updates from relevant bodies in the sector, such as the UK Home Care Association (UKHCA) and had recently completed a modular management development course run by Skills for Care.