

Apex Prime Care Ltd

Apex Prime Care - Kent

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

About the service:

Apex Prime Care - Kent is domiciliary care provider that was providing personal care to people in their own homes. People receiving support had a range of needs including, the elderly, people that were living with dementia and people who have a learning disability or autistic spectrum disorder. At the time of our inspection there were 39 people receiving personal care.

People's experience of using this service:

People told us they felt safe with the staff who knew how to meet their needs, in the way they preferred. People were at the centre of their care and support; care plans enabled people to maintain their independence. Care records were regularly reviewed to ensure they met people's needs. Staff knew what action to take to protect people from the risk of abuse.

People's needs were assessed prior to receiving a service. People's protected characteristics under the Equalities Act were supported. Potential risks posed to people and staff had been mitigated. Staff supported people to attend healthcare appointments and express their views about their support.

The registered manager was mindful to be sure there were enough staff before considering supporting new people.

People told us staff were skilled in carrying out their role. Staff said they were supported by the registered manager and management team.

People told us the staff were kind and caring; staff promoted people's privacy and dignity at all times.

People were encouraged to raise any concerns they had or make suggestions to improve the service they received. Action was taken to improve the service people received.

Staff felt there was an open culture where they were kept informed about any changes to their role. Staff told us the management team were approachable and listened to their ideas and suggestions.

Systems were in place to monitor the quality of the service; regular audits were carried out by the management team.

Rating at last inspection:

This was the first comprehensive ratings inspection since the agency registered with the Care Quality Commission February 2018.

Why we inspected:

This was a planned inspection based on the date of registration. Newly registered services receive an

inspection within 12 months of the registration.

Follow up:

We will continue to monitor the service through the information we receive. We will carry out another scheduled inspection to make sure the service continues to maintain Good.

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 - Kent

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:

The inspection was carried out by an inspector and an assistant inspector. An expert by experience made telephone calls to people using the agency. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience caring for an older person.

Service and service type:

Apex Prime Care – Kent is a domiciliary care service. It provides personal care to people living in their own houses and flats. It provides a service to the elderly, people that were living with dementia and people who have a learning disability or autistic spectrum disorder.

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 5 days' notice of the inspection site visit because we required the registered manager to gain consent from people to contact them for feedback.

Inspection site visit activity started on 26 February 2019 and ended on that day. We visited the office location on 26 February 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:

Before visiting the service, we looked information sent to the Care Quality Commission (CQC) through

notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury. We also looked at information sent to us by the registered manager through the Provider Information Return (PIR). The PIR contains information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed four people's care records, which included care plans, risk assessments, daily care records and medicines records. We looked at documentation that related to staff management and recruitment including four staff files. We also looked at a sample of audits, surveys, minutes of meetings and policies and procedures.

We gathered people's experiences of the service. We spoke with 11 people. We looked at feedback given by people through the providers quality audit processes. We also spoke with the registered manager and four members of staff. We received feedback from three external health and social care professionals.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and comfortable. One person said, "I do feel safe, I feel reassured when they [staff] are here."
- Staff had been trained and felt confident that any concerns they raised would be taken seriously.
- Staff followed the provider's policy and procedure and knew how and to whom they would report any concerns.
- The registered manager recorded and monitored any safeguarding concerns that had been raised with the local authorities safeguarding team.

Assessing risk, safety monitoring and management

- Potential risks posed to people and staff had been mitigated.
- Risk assessments were individualised for people's specific needs such as, personal care needs, health risks and mobility risks. Staff followed detailed guidance that informed them how the risk was to be minimised.
- Staff knew people well and understood the importance of minimising any potential risks to people.
- Some people had a 'distress passport' this informed staff of the signs the person maybe anxious or upset, and the action they needed to take. For example, not leaving the person on their own and engaging them in another conversation.
- Environmental risks and potential hazards within people's homes had been identified. The registered manager had referred people to the fire service when concerns had been identified regarding fire detection within people's homes.
- A log was kept and monitored by the office staff regarding the servicing of people's equipment such as, hoists and slings.

Staffing and recruitment

- People's needs and hours of support were individually assessed. There were enough staff employed to meet people's needs.
- People's specific gender preferences for staff were accommodated. For example, one person had requested a male member of staff; records showed that this request had been fulfilled.
- Systems were in place for the monitoring of any missed or late calls. People told us the office would telephone and let them know if their care staff was running late due to traffic. There had not been any missed visits.
- People and staff had access to an out of hours on call system manned by senior staff.
- Staff were recruited safely. The provider's recruitment policy and processes were followed to minimise risks. This protected people from new staff being employed who may not be suitable to work with them. Pre-employment checks were made, including obtaining a full employment history, references were sought and

verified. Staff completed Disclosure and Barring Service (DBS) checks before they began working with people. DBS checks identified if applicants had a criminal record or were barred from working with people that needed care and support.

Using medicines safely

- People that required support to manage their medicines received them safely.
- Each person had specific guidance for staff to follow, detailing the support that was required for the administration of their medicines.
- Staff received training in the safe administration of medicines and were regularly observed by a senior member of the team.
- Staff had worked with health care professionals when an issue had been identified with the medicines. For example, staff contacted a person's doctor when one medicine listed that it should not be taken with another prescribed medicine.
- Guidance was sought for people that required their medicines to be administered covertly. This is when a medicine is put into another product such as yogurt. Appropriate decisions and authorisations were in place to support this.
- Systems were in place for the auditing of people's Medication Administration Record (MAR). These were checked during spot checks and monthly to identify any missing signatures.
- Some people received additional support to monitor the stock of their medicines. This was to ensure they had a continuous supply of their prescribed medicines.

Preventing and controlling infection

- People told us that staff wore personal protective clothing (PPE) during the call such as, gloves and aprons.
- Staff had been trained and understood the importance of promoting hygiene to prevent the risk of cross contamination.
- Staff followed the provider's policy and procedure regarding infection control.

Learning lessons when things go wrong

- The registered manager took steps to ensure that lessons were learned when things went wrong.
- Quality assurance audits had identified staff were not always completing medicine records accurately. The registered manager implemented a new template which led to better record keeping.
- The frequency of medicine records audits was increased, and staff received refresher training and guidance in completing medicines records.

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

Good: 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

- People's needs and choices were assessed with them prior to receiving support from the agency.
- The assessment included specific information such as, the preferred time and day of the care call. The registered manager told us a new package of care would not be taken unless staff were available and able to meet the person's needs.
- People's individual protected characteristics under the Equality Act 2010 were considered during needs assessments and recorded within people's care plans.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills, knowledge and experience to deliver effective care.
- People told us that staff understood their needs and could meet these. One person said, "They are aware of my condition and know how to help me."
- New staff completed an induction which included, completing the provider's mandatory training and working alongside experienced members of staff before working alone.
- New staff completed the Care Certificate as part of their induction. The Care Certificate includes assessments of course work and observations to ensure staff meet the necessary standards to work within the care sector.
- Staff told us they had completed training to meet people's needs and were able to request further training courses for development.
- Staff told us they felt supported in their role. Staff received support and guidance through supervision meetings, annual appraisals and spot checks with their line manager.

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

- Staff received training regarding nutrition and diet so they had the knowledge to support people to eat healthily.
- Not everyone received support with their meals. Some people told us that a loved one managed their meals whereas other people told us staff prepared and cooked their meals. One person said, "The carers prepare all my meals and I am happy with it."
- Staff followed people's care plans which detailed the support they required with mealtimes. For example, one person's care plan recorded the breakfast and drink they wanted, and where this was to be placed.
- Some people required a specialist diet and thickened drinks. Staff followed guidance from health care professionals to ensure the person maintained their nutrition and hydration whilst maintaining their safety.
- One person had a 'person centred meal experience', this guided staff to encourage and enable the person to eat and enjoy their meals.

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

- Health care professionals told us that staff followed and implemented their recommendations. One commented, 'I have found the agency that support my clients of a high standard and ensure any actions are followed through.'
- There was a close working relationship with the district nurses, speech and language therapists, physiotherapists and the case managers. A case manager from the local authority wrote, 'Management always deal with issues in a professional and sensitive way following guidelines and procedures.'
- People's health needs including their medical history had been recorded within their care plan. Guidelines were in place to inform staff of the specific support the person required during their call and any equipment staff were required to use. For example, the use of any moving or standing aids.
- One person attended regular hospital appointments and requested that a member of staff who knew them well supported them. These appointments were planned in advance and the requested member of staff was made available to support the person.

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.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. When people live in their own homes this procedure is completed through the Court of Protection.
- We checked whether the agency was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- People told us staff asked for their consent prior to any care or support tasks. Staff had been trained and understood how this applied to their role.
- People's capacity to consent to care and support had been assessed and recorded. Records of any decisions that had been made with the relevant health care professionals in people's best interests had been included within the person's care plan.
- The registered manager checked that relatives had the legal authority to consent on behalf of their loved one if they were unable to.

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

Good: 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 were kind, caring and knew them well. Rotas were planned to enable staff to provide consistency and continuity of care.
- People's care plans contained information about their likes, dislikes, preferred name, background and personal history. For example, what was important to the person and their chosen name; this had been reflected throughout the care plan.
- People's emotional needs were recorded within their care plan along with any specific communication needs. These enabled staff to respond to their needs at the time they needed it.
- Confidential information about people and staff was stored securely in locked cabinets.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us that they had been involved in the development and review of their care plan. People's wishes and decisions were recorded and acted on.
- People were given opportunities to express their views about the service they received. Any suggestions or changes to their care and support were acted on promptly.
- Records showed that concerns had been raised with the local authority when a person had regularly declined any support from staff.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and dignity at all times. Comments included, "They always let me know what they are going to do" and "Yes they do give me privacy and dignity when caring for me."
- Staff could describe how they promoted this throughout the care call. For example, closing doors and curtains and covering people up as much as possible. One member of staff said, "I always ask them if they are happy with the care we are providing and the way we are providing the care."
- People told us and records confirmed that people were encouraged to maintain as much independence as possible. A case manager from the local authority wrote, "Staff encourage independent skills and support in a person-centred approach."
- People's care plans recorded what people could do for themselves and the support they required with anything else.

Is the service responsive?

Our findings

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

Good: 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

- People's care plans were personalised and placed their views and needs at the centre. Care plans were detailed and informed staff what the person's abilities were and the support they required from staff.
- People told us they had a folder within their home that contained their care plan and care notes for each call they had.
- People's care plans and risk assessments were kept under continuous review to ensure staff were meeting the person's current needs.
- Care plans were written in conjunction with and following information from health professionals such as, district nurses, speech and language therapists and dieticians.
- Some people's care package included support to access activities within the community. People were supported to access local restaurants, parks and a football team. One person enjoyed football and expressed a wish to play. Staff sourced a local football team which the person joined initially with staff support until their confidence grew. This person now attends unsupported by staff and recently won a trophy from the club.

Improving care quality in response to complaints or concerns

- People told us they felt confident in raising any concerns or complaints to their staff or through the office; and felt these would be dealt with appropriately.
- A complaints policy and procedure was in place and accessible versions had been included within people's folders which were kept within their home.
- Records showed that complaints had been acknowledged, investigated and concluded as per the policy. Informal concerns that had been raised had been responded to in line with the formal complaints procedure.

End of life care and support

- At the time of our inspection the agency did not support anyone at the end of their life. The registered manager told us if a referral did come in then staff would work alongside the district nursing team; staff would also complete specific training relating to the person's needs.

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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff told us they felt there was an open and transparent culture where they were kept informed about the organisation and their job role. A member of staff said, "I think staff communicate openly and discuss things that are raised."
- Regular team meetings were held with the staff team to discuss any changes to their role such as, policy updates or changes in people's needs. The registered manager used memos to inform staff of any urgent changes or additional training that had been arranged.
- The registered manager attended meetings with other managers within the organisation. These meetings enabled the sharing of good practice throughout the organisation.
- The registered manager had extensive experience of working within a domiciliary care setting. They were passionate about delivering a high-quality service to people; and always looked to improve.
- The registered manager understood their responsibilities under the duty of candour.

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

- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered persons had submitted notifications to the Care Quality Commission in an appropriate and timely manner in line with our guidelines.
- The quality of the service that people received was checked on a regular basis by the registered manager and the senior manager. Action plans were developed when shortfalls had been identified and these were actioned.
- The registered manager and management team carried out a series of weekly and monthly checks to monitor and maintain the quality of the care provided to people. The management team also conducted spot checks and 'observations' on staff to ensure they continued to have the knowledge and skills to support people.

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

- People, staff and others were fully involved in the development of the organisation and the service they received. An annual survey was sent to people from head office to gather feedback and listen to suggestions. The registered manager investigated and resolved any concerns that were raised.
- Feedback was also sought during care reviews with people and their relatives.

- Staff told us they enjoyed their role and working for the organisation.

Working in partnership with others

- The staff team had developed strong relationships with health care professionals to ensure people were receiving the appropriate care and support to meet their needs. A case manager from the local authority wrote, 'Management always deal with issues in a professional and sensitive way following guidelines and procedures.'