

Apex Prime Care Ltd

Apex Prime Care - Dorchester

Inspection report

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28 June 2023
05 July 2023
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21 July 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Apex Prime Care - Dorchester provides care and support to people in their own homes in and around Blandford Forum, Dorchester, Weymouth and Portland in Dorset. Some of these people live in one of 3 extra care housing complexes in Dorchester, Weymouth and Portland. These are blocks of housing association flats where Apex Prime Care – Dorchester are based on site.

At the time of the inspection, Apex Prime Care – Dorchester was providing personal care to 83 people. Of these people, 38 lived in the extra care housing.

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

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

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.

The registered manager and staff understood their responsibilities to recognise and report potential abuse.

Right Care:

People and their relatives told us they felt at ease with the care staff. People tended to have regular staff providing care, although depending on where they lived some people experienced more new staff.

People and relatives told us the service was organised in a way that respected their wishes and ensured their care needs were met. People had care plan review meetings at least annually with a senior member of staff, where they, and where appropriate their relative, reviewed and discussed how their care should be provided.

Risks to people and the staff supporting them were managed in a way that respected people's preferences, whilst supporting them to remain safe. Medicines were managed safely so people received their medicines as prescribed.

Right Culture:

There were enough staff to provide people's care. The registered manager was careful not to take on new care packages unless there were staff available to cover these. People and relatives told us staff stayed for the allotted time unless everything had been completed and they were happy for the staff to leave. The provider operated recruitment checks before new staff started providing care, to help ensure staff were suitable for care work.

People and relatives had confidence in the ability of care staff. Staff had training in key topics at induction, with regular updates following this. Some staff told us they would value face-to-face training. The registered manager confirmed this could be provided at neighbouring Apex Prime Care locations and that the opportunity would once again be offered to staff.

The registered manager and staff worked in partnership with health and social care professionals to help ensure good outcomes for people.

People and relatives said they felt able to contact the office if they had queries or concerns.

Staff told us they felt well supported. There were regular audits and checks on the quality of service provided. The registered manager had recognised that staff spot checks and supervision meetings were out of date, and was in the process of addressing this.

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

Rating at last inspection

The last rating for this service was good (published 25 May 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We have made a recommendation regarding staff awareness in relation to safeguarding children.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Apex Prime Care - Dorchester

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

Service and service type

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

Some people receiving care and support from the service live 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 bought or 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.

Registered Manager

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

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 June 2023 and ended on 6 September 2023. We visited the service on 28 June, 5 July, 19 July and 21 July 2023.

What we did before inspection

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

During the inspection

We spoke on the telephone with 15 people who used the service and 7 relatives about their experience of the care provided. We spoke with 8 members of staff including the registered manager, a member of office staff and care workers.

We reviewed a range of records. This included 6 people's care records, 3 of these people's medication records and 2 further people's medication records. We looked at 4 staff files in relation to recruitment and staff supervision. We also reviewed a variety of documentation relating to the management of the service, including policies and procedures, accident and incident records, safeguarding records and quality assurance reports.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives said they felt at ease with the care staff. Comments included: "It's excellent, very good, very caring, a lot of empathy, very good at understanding you and listening to you. They are lovely", "They are very nice and kind", "They are helpful, happy, patient and they understand him. They have empathy and are very good" and ", "I'm happy, they do everything I need them to do. I like how friendly they all are, and they take the lead from me on what they do and how I need them to do it."
- The registered manager and staff knew about types of abuse, the signs that abuse might be occurring and how to report it.
- Staff had training about safeguarding people when they started working for the service, and this was updated annually. The registered manager said this training now included responsibilities in relation to safeguarding children, but not all staff we spoke with recalled that it did. Staff need an awareness about safeguarding children because, even if they are not providing a service to children, they may meet or hear about children during their work.

We recommend the service reviews its staff induction, training and supervision and act to ensure all staff are aware of their responsibilities in relation to safeguarding children.

Using medicines safely

- People received their medicines as prescribed. Staff recorded the administration of medicines in people's computerised medicines records. Office-based staff checked medicines had been recorded as given when they were due and followed up any unexplained discrepancies.
- Staff were trained in the safe handling of medicines. Senior staff observed them administer medicines on occasion to ensure they were able to work safely in practice.
- Where people were prescribed medicines for occasional use, staff had written guidance about when these medicines were needed and how they should be used.
- Some people were prescribed medicines to reduce the risk of blood clots, and others had medical conditions that meant they bled easily. The risk of bleeding was not highlighted in their care plans or risk assessments, which meant staff might not be aware of the need for medical attention in the event of a fall or other injury. The registered manager accepted this needed to be included and addressed it during the inspection.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people and the staff supporting them were identified, assessed, managed, and kept under review. Risks assessed included moving and handling, risks associated with medical conditions and environmental risks. Care plans instructed staff how to manage risks in the way the person wished.

- There was a plan for emergencies that might stop the service running safely, such as staff shortages. The management team regularly reviewed whose care should be prioritised in such circumstances, and how staff could be deployed safely.
- Staff reported accidents and incidents. The management team reviewed these to ensure all necessary action had been taken, such as seeking medical attention. The registered manager and provider reviewed accidents and incidents for any emerging themes that might suggest further changes were needed.
- Learning from accidents and incidents was shared as necessary with staff, whether individually or as a team.

Staffing and recruitment

- The service had enough staff to provide people's care. The registered manager was careful not to take on care packages unless there were staff available to cover these. People and relatives told us staff stayed for the allotted time unless everything had been completed and they were happy for the staff to leave. Staff working in the community had travel time allocated, although they expressed mixed views as to whether this was always enough.
- People tended to have regular staff providing care, although depending on where they lived some people experienced more new staff. Comments from people and relatives included: "I have a regular team [of staff] every week. It changes occasionally but it's mainly the regulars", "[Person] seems to get the same carers", "I have different ones but some I have more than others. I like to have a variety", "I haven't [had regular staff]. I would prefer it" and "One [care worker] was here for a long time and [person] is only just having new people."
- People and relatives had confidence in the ability of staff who worked with them to provide care. People and relatives made comments such as, "The care is perfectly satisfactory... I'm happy with it" and "They are really good. Recently we have had 2 new [staff] started and they are doing a great job."
- Staff had training in key topics at induction, with regular updates following this. Staff new to care were expected to complete the Care Certificate. The Care Certificate provides a framework to ensure that care workers in England have the same introductory skills, knowledge, and behaviours to provide compassionate, safe and high-quality care, in their workplace settings.
- Since the COVID-19 pandemic staff training had mostly been online. This included moving and handling training, although staff had the opportunity to shadow staff experienced with moving and handling techniques. Some staff told us they would value face-to-face training. The registered manager confirmed this could be provided at neighbouring Apex Prime Care locations and that the opportunity would once again be offered to staff.
- The provider operated recruitment checks before new staff started providing care, to help ensure staff were suitable for care work. This included enhanced Disclosure and Barring Service (DBS) checks for adults and children. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- People told us staff were neatly and professionally presented.
- The provider and registered manager had kept abreast of current government infection control guidance.
- Staff were trained in infection control precautions, including hand hygiene and the use of PPE such as disposable gloves and aprons.
- Staff confirmed they had ready access to the PPE they needed.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This means 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; Continuous learning and improving care

- The registered manager, office team and care staff understood their roles and responsibilities.
- The registered manager and senior staff regularly audited various aspects of the service, including care planning and recording, administration of medicines, and staff supervision and training. There were also periodic quality checks by the regional manager or managers from the provider's other services. Any issues identified during audits and checks were addressed through action plans, which the registered manager regularly reviewed with the regional manager.
- The registered manager had met legal requirements such as notifying CQC of significant incidents and events. This legal requirement enables CQC to monitor care.
- The spot check observation record did not include any requirement for correct hand hygiene, although it did include other infection control checks. Good hand hygiene is essential to the prevention of infection. We flagged this with the registered manager, who arranged for hand hygiene to be included. We did not identify any concerns in relation to staff hand hygiene practices.
- Senior staff were supposed to do spot check observations to ensure staff were following the provider's policies and procedures. They were also supposed to have periodic one-to-one meetings with staff to discuss their work and any training needs. Some staff said this had not happened as often as it should, although they felt they could always raise any issues with the management team. The registered manager had recognised that spot checks and supervision meetings had fallen behind and was in the process of addressing this.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives told us the service was organised in a way that respected their wishes and ensured their care needs were met. In relation to how well organised the service was, they commented, "It appears to be very well organised. I've got no problems whatsoever", "Very good most of the time with the odd hiccup, like most things in life" and "Pretty good, they've not let me down, particularly one or two have not turned up or turned up late but they dealt with that. It was extremely good."
- Some people and relatives said that for a couple of weeks recently they had not received their rota as usual to say which staff would be visiting and at what time. They continued to have visits from known staff at times they expected. Rotas were emailed or provided beforehand by staff who visited; the registered manager thought this might not have happened when staff were temporarily covering sickness or leave. A

new member of staff, whose job included arranging staffing rotas, had just started work.

- People and relatives said they felt able to contact the office if they had queries or concerns. A person using the service commented, "I would not worry at all. If I had a complaint I would complain." A relative told us how to them, the registered manager "was and always has been very approachable and answers the phone every time".
- Staff told us they felt well supported. They said their equality characteristics were respected. For example, a member of staff described the office as "very supportive" of their personal caring role.
- People had care plan review meetings at least annually with a senior member of staff, where they, and where appropriate their relative, reviewed and discussed how their care should be provided.
- There were 6-monthly quality assurance questionnaires where people, relatives and staff could give their views about the service, anonymously if they chose. The most recent questionnaires had recently been issued.

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

- The registered manager understood their duty to be open and honest with people and their loved ones or representatives about accidents or incidents that cause or place a person at risk of harm.

Working in partnership with others

- The registered manager and staff worked in partnership with health and social care professionals to help ensure good outcomes for people.
- The registered manager regularly liaised with local authority safeguarding and quality monitoring staff to address any queries they had about best practice and requirements for safeguarding adults.
- The registered manager had worked with district nurses and the local authority to understand good practice in relation to assessing and managing the risk of pressure ulcers, introducing new pressure ulcer risk assessment and management guidance as a result.