Apex Prime Care Ltd

Apex Prime Care – Brighton

Inspection report

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Date of inspection visit:
20 November 2017
28 November 2017
29 November 2017

Date of publication:
08 February 2018

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 between 20 and 29 November 2018. The inspection involved visits to the agency's office, to people's own homes, conversations with people, their relatives, staff and professionals. The agency was given two working days' notice of the inspection. The agency provided 70 to 80 people with a domiciliary service, for approximately 750 hours a week. Many of the people were older persons, some people also lived with long-term medical conditions and some had alcohol or substance abuse related conditions. People received a range of different support in their own homes. Some people received occasional visits, for example weekly support to enable them to have a bath. Other people needed more frequent visits, including visits several times a day to support them. This could include two care workers and the use of equipment to support their mobility. Some people needed support with medicines and meals preparation.

The service had a registered manager in post. 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. The provider for the agency is Apex Primecare Limited, a national provider of care.

This was the service's first inspection under Apex Primecare Limited. Services were provided to people who lived in Brighton and Hove and local areas as far as Worthing and Saltdean.

People were safeguarded against risk, including risk of abuse. The registered manager and care co-ordinators ensured a full assessment of people's needs took place before they agreed to provide them with a service. People had relevant risk assessments completed. Where risk was identified care plans, which were regularly reviewed, were put in place to reduce risk. Staff were knowledgeable about how to ensure people's safety, including safety from risk of abuse. Where people used equipment, staff used it safely to support them.

Where people needed support with medicines, this was done in a safe way. The registered manager reviewed medicines management regularly and developed action plans if issues were identified. Where people needed support to eat and drink, people had care plans, which staff followed, so their needs were met.

Staff understood the principals of prevention of risk of infection. Staff said they had ample supplies of items such as disposable gloves. We saw staff followed the provider's policies and procedures when they were with people in their own homes.

There were enough staff to ensure people did not experience missed or shortened visits. Staff had been recruited in a safe way to ensure new members of staff were safe to support people.

Staff were supported by the agency so they had the skills they needed to meet their individual needs. This was through the provider's ongoing induction and training programmes. The performance of staff was also regularly monitored, including when they worked with people in their own homes.

People were supported with accessing relevant external professionals, including their GPs and district nurses. External professionals told us the agency communicated well with them and responded appropriately to their directions.

Staff understood the importance of gaining people's consent to care. Where relevant, people had mental capacity assessments completed, and best interests meetings were recorded.

People commented on the kindness, compassion and respect they received from staff. They also said staff encouraged them in remaining as independent as they wished to be. Staff supported people's relatives in a kindly and supportive way. Staff clearly knew people as individuals, taking their preferences into account when providing care.

People told us they received a responsive service from staff, who knew them well. Staff told us people's care plans informed them of how each person wanted to have their individual needs met. Care plans were clear and were up-dated when people's needs changed.

People said they felt confident if they raised complaints or concerns, these would be responded to. Records showed the registered manager followed the provider's complaints policy.

People commented positively on the effective management of the agency. Staff told us about the agency's positive culture. Managers were keen to make improvements and ensure people's needs were met. The provider had a system for regular audit of the service provided. If matters were identified, action was taken to address 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 were protected from risk of abuse.

People had assessments for risk and appropriate action taken to reduce any risks.

People were supported with taking their medicines in a safe way.

People's risk of infection was reduced by staff who supported them appropriately.

There were enough staff, who had been safely recruited, to support people.

Is the service effective?

Good

The service was effective.

Relevant assessments of people's individual needs were completed.

Staff had the skills and experience to meet people's needs. They were appropriately supported through both training and supervision.

People were supported to eat and drink in the way they wanted and needed.

People were supported to consent to care by staff who understood about the importance of the Mental Capacity Act (MCA) 2005.

There were close links established with external providers to ensure people's health care and other needs were met.

Is the service caring?

Good

The service was caring.

People were supported by kindly, caring staff who knew their

individual needs well.

People's independence was supported and their dignity ensured.

People and relevant others, such as their relatives, were involved in making decisions about how their care needs were to be met.

Is the service responsive?

Good

The service was responsive.

People were responded to appropriately because they received continuity of care from staff.

People had clear care plans, which set out how their individual needs were to be met. These were followed by staff.

People felt able to raise concerns and complaints. Where people did raise issues, the service's complaints policy was followed.

Is the service well-led?

Good

The service was well led.

People confirmed the agency was well-led.

Staff commented on the positive culture of the agency.

The provider and registered manager performed regular audits of service provision to ensure quality of service provided. Where issues were identified during audit, action plans were developed to ensure improvements were made.

Apex Prime Care – Brighton

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.

This comprehensive inspection took place between 20 and 29 November 2017. It involved visits to the agency's office, visits to people in their own homes, telephone interviews with people and/or their relatives and conversations with staff. The service was given two working days' notice of the inspection because it provides a domiciliary care service and we needed to ensure that staff were available in the office to be able to conduct the inspection. The inspection was undertaken by an inspector and two experts 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.

Before our inspection we reviewed the information we held about the agency. This enabled us to ensure we were addressing any potential areas of concern. The provider had sent us an information return (PIR) in which they outlined how they ensured they were meeting people's needs and their plans for the next 12 months. We also sent out questionnaires to people, their relatives and professionals before the inspection. We received 15 replies to the questionnaires. As part of the inspection, we reviewed the PIR and responses to our questionnaires. We also reviewed other information about the service, including safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also contacted the local authority to receive their comments.

We met with four people who received a service in their own homes. We received comments, either on the phone or via questionnaires, from 20 people, nine people's relatives and six professionals. We spoke with 11 staff, three of the care co-ordinators and the registered manager. We reviewed seven people's records, including the four people we met with.

During the inspection we reviewed other records. These included four staff recruitment records, training and supervision records, medicines records, the rota of visits to people, risk assessments, quality audits and

policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe because of the service from the agency. People who responded to our questionnaire confirmed they felt safe because of the services provided. All of the staff who completed our questionnaire reported they knew how to protect people from risk of harm. Staff we met with were aware of what could indicate a person might be at risk of abuse, this included financial abuse, physical harm and emotional harm. Staff understood their responsibilities for reporting concerns to their managers. One member of staff told us, "I'd report everything." Staff were confident management would take appropriate action if they told them about any safeguarding concerns. One member of staff told us the agency's managers would, "Listen if I brought up an issue." Staff also knew how to take matters further if they felt their concerns had not been acted upon. One member of staff told us, "I wouldn't think twice about whistleblowing." Staff who worked in the office were fully aware of how to work within the local authority safeguarding procedures. They maintained a record of all alerts raised. Records showed management had raised relevant alerts in support of people who were vulnerable and may be at risk of abuse.

All staff were aware that if they could not get a reply when they went to visit a person, they needed to follow the agency's 'no response procedure.' One member of staff told us, "I wouldn't leave until I knew they were safe" and another, "If there's no answer I can't leave until I know what's happening." We visited one person with a member of staff. We had difficulty getting into the person's home. The member of staff followed the service's 'no response' procedure, including alerting the office. They also carried on trying to make the visit until the person was able to answer the door.

People had assessments of risk and their safety was monitored, while their freedom was respected. All people had assessments for risk where relevant. When risk was identified, care plans were developed to reduce people's risk. For example, one person chose to smoke. They had a clear risk assessment about this on file. This also showed relevant support from their family and external agencies had been sought to ensure the person could continue to smoke, as they wished to, in as safe a way as possible. The member of staff who supported them gently reminded the person about safe disposal of smoking materials when needed when they were with them.

People who needed support to move, including equipment, had clear risk assessments and care plans. We advised managers that as staff were using external providers' equipment, dates for the next service should be documented to ensure equipment continued to be safe. This was actioned by the end of the inspection. We saw staff appropriately supported people and used equipment safely. A member of staff gently reminded a person to put the brakes of their wheelchair on when they had wheeled themselves to where they wanted to spend their day, so they were safe. All people who had been advised to use bed rails for their safety and clear record of checks on their safety on file. One person had a risk associated with their home environment and how they chose to live. They had a clear risk assessment about this, which outlined how risk to them and staff were to be reduced.

The agency ensured the safety of people in other areas. All people who were at risk of pressure damage had risk assessments and care plans. Their care plans outlined how their risk was to be reduced. Staff had a

good understanding of risk to people of pressure damage, and how it was to be reduced. Staff were aware of the importance of supporting their clients in re-positioning themselves to reduce risk. When we visited a person with a member of staff, we could hear they had carefully checked a person's skin condition for any signs of skin damage. All of the members of staff we spoke with knew about the importance of documenting changes, in people's skin condition, so the next members of staff were aware. They said they also reported such matters to the office to make sure relevant external persons aware, particularly as the staff may be the only persons who were visiting some people.

There were sufficient numbers of staff to support people. People told us staff stayed for the right amount of time and did not leave early, unless they asked them to. No-one reported they had ever experienced a missed visit. All of the staff we spoke with told us they never had any pressure to leave people early due to pressure of work. One care worker told us, "I always can stay my allotted time." All of them confirmed none of the people they had cared for had visits missed due to lack of staff. The office staff were all qualified care workers. They told us if they were short of staff, for example due to bad weather or staff sickness, they were all able to go out on visits to people.

There were clear systems for the safe recruitment of staff. This included review of prospective members of staff's past working history, proof of identity, and Disclosure and Barring Service (DBS) checks. These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable adults. This ensured that only suitable people worked at the agency. The registered manager told us "We're wary about the staff we recruit, we need the right staff for the role, even when we do need more staff." We looked at recruitment records and saw the agency was following its procedures, for example one member of staff showed gaps in their past employment record. This had been probed at interview and the gaps satisfactorily explained.

People were protected because they were safely supported with taking their medicines. People told us, where they needed, staff appropriately supported them in taking their medicines. All of the staff we met with were fully aware of their responsibilities for safely supporting people with their medicines. We saw a member of staff supporting two different people with taking their medicines. They did this in a safe way, including checking the person's medicines administration record (MAR), blister pack and medicines boxes. The member of staff did not sign that the person had taken their medicines until the person had swallowed them. One of the people wanted to take their medicines in a certain way. This was documented in their care plan. A different person's records showed they were prescribed pain patches. They had clear records to show the patches were changed in accordance with their prescription and skin sites were rotated. All of the members of staff we spoke with knew why it was important to rotate skin sites for pain patches to ensure effective uptake of the medicine for the person. We discussed with the registered manager that where some people were prescribed medicines in both blister packs and boxes, this matter was not consistently documented, in peoples' records to ensure clarity of record keeping for everyone involved in the person's care. This had been actioned by the end of the inspection.

People were protected from risk of infection. People's relatives told us staff did all they could to reduce risk of infection for people. Staff said there was a good supply of equipment such as gloves and aprons, and they could take what they needed. We observed a member of staff carefully changed their plastic gloves and removed their apron after supporting a person with personal care. They used different gloves to support the person with meals preparation and again to support them with taking their medicines. The care worker disposed of such equipment appropriately and washed and dried their hands after removal of these items.

Members of staff showed a clear understanding of how to support people who were at risk of infection. People who used catheters had records to show they were supported to change catheter leg bags in

accordance with manufacturers' instructions. We saw a care worker carefully checked food items in a person's fridge to check they were within date. The care worker told us the person needed support with this because at times they forgot to dispose of older food-stuffs. One person whose family performed their washing for them had a clear care plan about this, which included where care staff were to put the laundry until their family could collect it.

The agency's systems ensured lessons were learnt and relevant improvements made. Several of the people's MARs showed records which had not been completed, this meant the agency could not be sure people had been supported to take their medicines as they needed. The registered manager told us they had identified this as an issue. They had tried one system to ensure staff did complete MARs but it had not been effective. They had further reviewed their systems and had recently introduced a different record-keeping system. They would be monitoring their new system regularly. They reported that since they had introduced this system, they had seen a reduction in incomplete records. They were aware this new system had only recently been introduced so would still need close monitoring. The registered manager told us they had been concerned where people were prescribed Warfarin, because the dose could vary, depending on blood results. They said they had become aware the agency may not have been receiving relevant information about changes in dose of medicines for people who were prescribed Warfarin from other healthcare professionals, and this could have put people at risk. The registered manager had set up an information system with the district nurses to ensure all persons who were prescribed Warfarin had clear up-to-date information about changes in doses of the medicine. They reported since they set up this system, there had been no further issues about people not receiving correct doses of Warfarin. One member of staff told us one of the people they cared for had been supplied with an air mattress to reduce their risk of pressure damage. They had looked at the mattress one day and had thought it was not functioning at it should. They were aware this could have put the person at risk of pressure damage. They took action to liaise with the mattress suppliers to ensure the functioning of the mattress was reviewed, so the person was not put at additional risk.

Good

Is the service effective?

Our findings

People's needs and choices were fully assessed to achieve effective outcomes for them. The registered manager told us before they agreed to care for a person, a manager from the agency always assessed people's needs and did not only rely on the referrer's assessments. This was so they could ensure they were able to provide effective outcomes for people. The registered manager told us this included visiting people in hospital or other care provider, before making a decision about accepting the care package. They told us about one person who they had recently assessed in hospital who they found had a difficulty in moving about. They said they had only agreed to take on the person's care once they knew the aids the person needed had been delivered to their own home and fully installed. They told us they also checked people's continence needs to ensure people had relevant professional assessments and continence aids in place before the person returned home. They said they would also assess people's needs once they had taken on the care package. They told us about one person where they found the aids they had been provided with were not effective, once they had returned home. The registered manager had contacted the occupational therapist soon after the person was discharged back to their home to ensure a review of the aids provided, so they could be more effectively supported by the agency.

The agency supported staff appropriately so they had the skills, knowledge and experience to deliver effective care and support. Nearly all of the people who responded to our questionnaires reported staff had the knowledge and skills needed to support them. One person told us, "They're well trained." Staff also told us they were appropriately trained and supported, to enable them to do their role. One new member of staff described their induction; they said it, "Definitely" supported them when they started, adding, "I couldn't have done it without the training." A different new member of staff told us about how the office staff had helped them when they started, including supporting them with working through their induction training pack. They also told us they shadowed other staff when they started and that shadowing gave them, "Insight in what to do," which meant when they started caring for people on their own they, "Felt ready" to do this. Records showed the agency used a system for induction which followed current guidelines.

Staff told us they were supported by on-going training. One member of staff told us, "Without the training I wouldn't know what do to". They also said if they were not sure about something, the agency were, "Happy to put me on a refresher course." We observed a member of staff supporting a person to move using a hoist. The way they used this equipment showed they had the skills and experience to do this in a safe way. We also observed one member of staff supporting a person who was living with dementia. The member of staff clearly had the skills and knowledge to support the person in a way which suited the person. What they told us about the person showed they had a good understanding of how living with dementia could affect them. A different care worker told us about one person who had specific continence care needs and how managers had made sure they had been trained in meeting this person's need, before they started caring for them. The registered manager had a training plan. This enabled them to see at a glance which members of staff had done which training and which members of staff were due for up-dates.

Staff told us they received regular unannounced 'spot checks' from managers when they were supporting people in their own homes. One member of staff told us spot checks, "Keep you on your toes" and they liked

the way they got feedback from their manager, "Then & there." Another member of staff told us spot checks were, "Very supportive." They also told us because their managers also provided care, "They understand." We asked staff about supervision and one to one meetings. All staff said they could have support from managers whenever they felt they needed it. One member of staff told us, "You can always get through, they're really good." We looked at records of staff supervision. These did not show that all staff received such supervision regularly. The registered manager told us, some staff, due to external commitments, found attending for meetings in the office difficult, therefore they had a flexible approach to supervision, so some supervisions and appraisals were done in person, others on the phone, some mainly by emails between the supervisor and supervisee. This meant some supervisions, particularly when they had been done by phone or email, had not been documented. The registered manager started introducing a recording system for supervision meetings by the end of the inspection. All staff annual appraisal meetings were documented.

People who needed it, were supported to eat and drink. People said they were helped in the way they wanted with meals. One person told us in a positive way, "They DO do our meals." We saw a member of staff supporting a person who was living with memory loss by discretely checking to see if the person had eaten breakfast, although the person said they had eaten. They then tactfully supported the person in preparing and eating their breakfast. When the person forgot to eat all of their meal, because they became distracted by something, they gently reminded them they had not yet finished. One person's care plan documented they had difficulties with their vision, it set out how they were to be supported with eating and drinking, including where the person needed their drinks to be placed when the care worker left their home. Another person's first language was not English and their records showed, due to their condition, they could sometimes have difficulties with recall of English. Their records showed clear, bright pictures of their favourite foods, so when the person had difficulty in communicating in English, they could still show what they wanted to eat.

One person's records showed the agency had supported the person with a referral to a Speech and Language Therapist (SALT) when they had noted the person had a difficulty with swallowing. Their records clearly showed the advice given by the SALT about how the person was to be supported to eat and drink safely was being followed. Another person who needed support to eat and drink had clear records completed about what they had eaten and drunk, so each member of staff knew what the person had been able to eat and drink and could notify the office if they had any concerns.

The agency worked with other providers, so people were supported to live healthier lives, have access to healthcare services and other ongoing supports. One person told us they appreciated the way a member of staff had supported them in contacting their GP about an issue. We saw a member of staff discussing a person's skin condition with them and how they felt it was responding to the district nurses' treatment plan. All of the external professionals who responded to our questionnaire said staff acted on their instructions. One external professional told us that the managers knew the people they cared for, "Very well, so they notice changes and able to act on them." Another told us they appreciated the way, "Management often attempt to design different approaches to work with clients and to get them to accept support by maintaining and building trust."

One of care coordinators told us about a person who had showed changes in their condition and how they notified relevant professionals so the person received the support they needed. One member of staff told us, "The district nurses work really well with us." One person's records showed staff had contacted the person's GP on their behalf and followed the issue up regularly to ensure the person was appropriately supported, so they received effective care. The registered manager told us about the importance of liaison with relevant other professionals and care providers. They told us about one person who had continence needs and how they had involved the day service the person attended, as well as the district nurse, in reviewing how the

person's continence needs were being met.

People's individual needs were supported, enabling them to continue to live in their own homes. One care worker told us how the agency worked with an OT about one person's equipment in their own home to ensure they had the adaptations they needed to live independently. One person's records showed they preferred to live with a lot of clutter in their house. Their assessment and care plan outlined how staff were to effectively support them in the light of this. We met with one person who did not feel able to agree to all the equipment they needed to support them to live independently. The care worker told us how they had worked with the person's family and social services to reach a compromise about the types of equipment the person would agree to have in their home. This was documented in the person's care plan. Staff said they received an effective and prompt response from the local authority when equipment allocated to people needed attention.

Consent to care and treatment was sought in line with legislation and guidance. People were supported in consenting to all aspects of their care. All of the staff we spoke with were fully aware of meeting the needs of people in relation to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. Under the MCA, 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.

Staff sought consent from people at all relevant stages when they supported them. This included asking them if they were ready for personal care, where they wanted to eat their meal and if they wanted the television off or on. During the inspection, staff told us about one person who had become unwell and needed to be admitted to hospital. The person's first language was not English. They described how they had successfully identified a professional who could speak the person's language so they could be supported in making an informed decision about their admission to hospital to treat their condition. A care worker told us they were aware some people could put themselves at risk by not taking their medicines in a safe way. They said as much as possible, they used interventions that were as non-restrictive as possible to support the person. This might include asking a person's relative to support them with their medicines or placing their medicines in a place which was accessible but not in their line of vision, so they did not worry about them so much. Occasionally such interventions were not effective and people were assessed as needing to have their medicines kept securely in their own homes in a locked box. Where this was necessary, people had mental capacity assessments completed and a best interests meeting was held with the person's family, supporters and external professionals as appropriate.

Good

Is the service caring?

Our findings

People were treated with kindness, respect and compassion; they were also given emotional support when needed. People spoke positively about staff. One person told us, "I look forward to the time my carer is with me every day," another, "We're lucky we've got them coming" and another, "We've got a good group of carers coming here." Some people commented particularly on individual staff. One person told us warmly, "She's lovely she is" about a particular member of staff. People said they felt supported by staff who cared about them. One person told us they might not see anyone else all day so they particularly appreciated the way staff took their time and chatted with them. Another person said they appreciated the way, "Even in the bad weather they're still here."

External professionals commented on the kindness showed by staff. One external professional wrote in our questionnaire, 'They have a very person centred approach to care, and work with many clients with mental health problems with sensitivity and integrity,' another wrote, 'Staff are caring and kind.' We observed staff were sensitive to people and compassionate towards them. One person was living with dementia, the member of staff worked with the person to support them in accepting the care they needed. They did this in such a way so as to not alarm or worry the person. Another person clearly enjoyed the jokes they had with the member of staff and there was warmth and laughter on both sides.

Staff were also sensitive to the needs of people's relatives. One person lived with a member of their family, who also had care needs. The member of staff was very respectful towards this person and clearly understood how important they were to the person they were visiting, giving their relative emotional support, as well as the person. A member of staff told us about a couple where only one of them had received support. During a period when this person had been unwell, they had realised their spouse also needed support, although the person had felt they should not be asking for help. The agency had made a referral on behalf of the spouse to social services and both people now had the help they needed, from the same team of staff. The person's spouse was happy to receive the support they needed because the staff were already familiar to them.

People were actively involved in making decisions about their care and support. Staff told us a key area was appreciating some of the people they cared for were frail, may feel unwell and took some time to become accustomed to them. One member of staff told us, "You can't rush people, you need to take time to do for them in way they need." Another member of staff told us there was, "No rush to get through, it takes as long as it takes." We observed a member of staff supporting one person, there was no feeling of rush about the way they supported the person. They maintained a calm atmosphere throughout the time they supported them. This meant the person felt comfortable to bring up issues with the member of staff as and when they wanted.

People told us they appreciated the way they were involved in making decisions. One person told us they appreciated the way new staff were introduced to them, "Always introduce themselves quite properly." Two people's relatives commented that they were always consulted about meeting their relative's needs. One person asked the member of staff to look at one of their toes which had been troubling them. The member

of staff carefully looked at the toe and told the person what they saw, commenting on how they thought it was since looking at it the day before. They then supported the person in deciding what to do about it, whether to contact their district nurse, GP or wait and see how it was the next day. The member of staff fully supported the person with what they had decided to do. Staff supported people in deciding what they wanted to eat for breakfast so they made the decision, offering people choices about what was available. Staff always asked the person if they needed anything more before they left them. They also reminded the person who would be visiting them later on in the day and on the next day.

People's privacy, dignity and independence were respected and promoted. In their questionnaires people stated staff treated them with dignity and their independence was supported. One person told us appreciatively, "I do as much as I can do, they do the bits I can't." A member of staff discussed with the person about which clothes they wanted to wear that day. The member of staff also checked on significant matters like ensuring the blind was down on their window before supporting them with personal care. One person was meant to be supported with both their personal care and changing their clothes. The person said they did not want either support. The member of staff tried to gently persuade the person, but accepted in a calm and friendly way when the person firmly said they did not need either a wash or a change of clothes. A member of staff made sure a person had their continence aid to hand before they left, placing it discretely so it was not obviously visible in the room they spend the day in. People's records also outlined what they wanted to do for themselves and where they needed support, so staff who were unfamiliar with them would know what they wanted. For example, one person was being supported to gradually be more independent with their own finances, with support from the agency and social services.

Staff were aware of people's individual wishes and past and current lives. This supported people in engaging with life, as well as helping them feel more comfortable with the member of staff. For example, one member of staff asked about a member of the person's family and how they were that day. Staff also knew about significant matters for people in their past lives. One member of staff talked with a person about their deceased spouse because the person clearly wanted to do that at the time. One member of staff talked about the person's garden with them which the person said had been a, "Joy" to them in the summer time. Staff were also aware of people's diverse needs. One care worker told us about the gay community in the Brighton area and how they worked to ensure people could continue to engage with this community to meet their needs. Another care worker old us about one older housing estates where the agency provided a service and how this affected some people in their daily lives, including issues with public transport and other amenities They said they had to take this into account when supporting people, including with their shopping and meals.

Staff were very aware confidentiality could be an issue for people, particularly when they came from certain Brighton communities. The importance of ensuring people's confidentiality was included in staff induction and on-going training. It was also considered during 'spot checks' on staff. Where people chose to use key safes, the registered manager had a system for the changing of key safe numbers to ensure people's security. Confidential information like key safe numbers was not given out in written form to staff. Management records showed a potential breach of confidentiality had been identified in the past. This had been investigated and management took appropriate action to ensure its systems for ensuring confidently were reviewed and relevant changes made.

Good

Is the service responsive?

Our findings

People told us in questionnaires that staff knew them, so they could respond to their individual needs. One person described their own, "Regular group of carers" in their questionnaire and how much they appreciated them. One person told us, "They do everything I need" about their staff and another, "I know nearly all of them." When we visited a person we saw they were clearly very familiar with the member of staff who was visiting. Another person told us staff responded to their needs because, "They're got it all written down about what's needed." People also told us the office staff responded well to them. One person told us, "If they're late or anything, they always give us a ring."

Staff said they could respond to people and meet their needs because they had the same group of people they cared for. One member of staff told us, "I know all my people" and another, "We're able to give continuity of care." One member of staff told us continuity of care to people was helped because many of the care workers walked, rather than using their car or public transport, so they mainly saw the same people because their travelling distance could not be far. We looked at the agency's records of visits to people. These showed that people were nearly always cared for by the same group of staff to ensure consistency of care.

Staff told us people's care plans enabled them to respond to people's individual needs. One member of staff said, "The information in the folder tells you what to do and how to do it," and another, said people's records were, "Especially useful if you've not been there before." Staff told us managers kept people's care plans regularly reviewed and if they noticed people's needs had changed, they phoned the office and a prompt re-assessment of the person's needs took place. The member of staff told us, "They're really good at that."

We looked at people's care folders, including those of people we had met. People's care plans included important details such as where they preferred to have a wash in their home and how a person wished to wear certain items of clothing. Such information would support any member of staff who was not familiar with the person about how the person wished to be responded to by staff. One person had needs relating to misuse of alcohol. They had an individual plan which had been drawn up with relevant persons about this. The member of staff we spoke with knew about the person's history of support needs, who to contact if relevant and how the person's condition was improving now they had appropriate support. One of the people we met with was living with dementia; their care plan was fully reflective of what the member of staff told us about the person and the types of support which they found most beneficial to them. Another person's records documented they were very keen to continue to support their local football team and showed how the agency were working with the person and others so they could continue with this interest. Day-to-day records included relevant information to inform the next member of staff who visited. For example that they had hung the person's washing outside and it needed checking on during their next visit.

Care plans considered people's diversity and different care needs. The provider was following the Accessible Information Standards (AI).The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can

access and understand information they are given. The registered manager was fully aware of their responsibilities under AI standards. One person whose first language was not English had clear information on their file about the types of language they understood and how they communicated their needs. One person's care plan documented they were registered blind and the importance of telling them where they were sitting in their room and what was in the room. Another person was registered partially sighted, their care plan documented relevant matters such as where staff were to place a drink by the person before they left the person's home.

People's concerns and complaints were listened to. All of the people who responded to our questionnaire told us they knew who to contact in the agency to raise issues if they needed to. One person told us confidently, "I'm happy to bring things up" and another "If you tell them, they do something." A person told us they had complained recently because their care worker was late coming to their home. They told us they had received an apology, saying, "They were very nice about it." Professionals told us the agency always responded well to any issues they raised.

We looked at records about concerns and complaints. If people raised issues in their responses to questionnaires from the agency, the registered manager looked into the issues raised. For example, one person wrote in their questionnaire about seeing too many staff in one week. The registered manager followed this up with them to review their point of view and address the area of concern. Records showed that verbal concerns were dealt with on the same basis as formal, written complaints. The registered manager ensured the agency's procedures were followed if people made complaints. Investigations included statements from staff involved, the person who had raised the issue received a response, together with information on changes being planned, if relevant.

When we inspected, no people were being supported at the end of their life. Staff told us they had cared for people at the end of their lives at times. They told us how important it was for people to remain in their own homes, if that was what they wanted. The registered manager outlined the importance of talking to people's families, good liaison with people's GPs, district nurses and the hospital or hospice. They said a key area was the good supports they received from the Macmillan Nurses.

Good

Is the service well-led?

Our findings

People told us they thought the agency was well managed. One person told us, "Everything's run smoothly", another described management as, "Approachable and helpful" and another "I can't ask for anything more." One person's relative told us, "The office is SO good if I call." This was echoed by external professionals, one of whom described the agency as, "Well managed" in their questionnaire. Staff commented positively about management. One member of staff told us, "They're very good at what they do" and another, "Management are very laid back but they are keen to follow the rules." People also spoke highly of the provider. One member of staff told us, "The owner's very supportive." One of the office staff told us the provider, "Is not in their ivory tower, they will listen."

Staff said they felt involved and consulted through formal and informal supervisions and meetings. One member of staff told us, "I've mentioned things I'm not happy with and they've dealt with it," another said they weren't concerned about bringing issues up during meetings, saying, "If it's got to be said, it's got to be said." Another member of staff told us management staff were, "Always there for us." We looked at minutes of staff meetings. The registered manager held staff meetings over three days so as many staff as possible would be able to attend. Meetings were well attended and showed nearly all staff attended one of the three days. Minutes of recent meetings showed discussions had included how individual people's needs were to be met, and travelling time between visits.

Staff told us managers were keen to make improvements and ensure people's needs were met. They said this was because both the registered manager and her team went out to meet with people and also to provide care. One member of staff told us the care coordinators and registered manager, "Do know what they're doing" because they also provided people with care. Care coordinators or the registered manager completed all assessments on people before other staff went out to them. We met with two people with the registered manager, these people clearly knew the registered manager well and were happy to discuss a range of matters with her. The registered manager also knew both people well, for example they knew about how they were currently being supported with their meals.

The registered manager was supported by three care coordinators. They were able to manage the agency in the registered manager's absence, as they did on the first day of the inspection. One member of this management team was always on call outside office hours. Staff told us if they rang this number, it was always responded to. The registered manager was supported by a more senior manager from the provider. Staff spoke positively about management arrangements. One member of staff wrote in their questionnaire to us, "I have ALWAYS had full support and guidance from my supervisors, the office staff and manager whenever anything arises that I need clarity on." Staff told us managers were responsive to relevant matters about providing care. One care worker told us they were given the right amount of time between visits, one member of staff described this as "Really good." They told us managers took local traffic conditions into account and whether they were walking or driving, when planning time between visits. Staff told us because of the agency's lone working policies, "I feel safe working on my own."

The manager and provider had systems to monitor and review the quality of the service provided. These

included review of people's assessments and care plans, medicines audits and audits of accidents and incidents. The registered manager said the systems used by the provider enabled them to look at the service provided in 'real time.' They told us how this had enabled them to identify and take action about a member of staff in the past who had not been keeping to their rota of visits, which may have affected the care people were receiving. The provider also audited service provision. Where issues were identified, the registered manager was required to complete a report and submit it to the head office, together with an action plan if necessary. We were given the results from the most recent questionnaire sent to people, which had been completed for the provider by a lay assessor. These showed high levels of satisfaction from people. Staff commented on the positive philosophy of the agency. One member of staff told us about their role, "It's a good job to do," and another, "I come home from work happy."

The registered manager had experience of working with a range of other professionals. One professional commented, "My experience with Apex is that they are very professional in their approach to service users support," another, "They're good at sharing relevant info when needed," and another that the agency were, "Good at communicating with Adult Social Care if they have any concerns about a package of care." The registered manager knew about the range of supports which were available for people, this did not only include professionals such as district nurses and social workers, but also services such as support groups for people who were living with a learning difficulty. The managers understood the different catchment areas where they supplied services and how they could support people living in these different areas, for example the difficulties some people had with accessing local facilities and how they could link in with them by the use of voluntary agencies.