

Apex Prime Care Ltd

Apex Prime Care - Shaftesbury

Inspection report

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21 July 2022

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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 Shaftesbury provides domiciliary support services to people in their own homes. It provides a service to older people and younger adults some of whom have a physical disability, sensory impairment or dementia. At the time of our inspection there were 41 people receiving a service.

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

People, staff and relative's feedback about communication with the office was mixed. The registered manager, who had recently taken on the role at the location, had identified this as an area for improvement and was taking steps to resolve this.

People told us staff made them feel safe and were well trained. They expressed satisfaction with the care they received. One person said, "All my care needs are met well." A relative told us, "[The carers] are giving excellent care."

Staff had a good understanding of the signs and symptoms that might indicate people were experiencing harm and abuse. They felt confident they would be listened to if they raised concerns.

People received their medicines on time and as prescribed. These were only administered by staff with the required training and competency checks. As and when people's health changed, they were supported to access relevant health services.

People were supported to have maximum choice and control of their lives and staff supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The registered manager had identified more detail was required in people's mental capacity assessments and was reviewing these to ensure quality.

People and their relatives told us staff were kind and caring and treated them with respect.

People's care plans were person-centred and contained detailed information to help staff get to know people well and meet their needs. This included how to support people's communication needs and their emotional wellbeing.

Staff and professionals spoke positively about the registered manager. One professional expressed, "From my experience [name] has been a very good manager, [name's] very good at letting us know of any issues and is very keen on following procedures." The registered manager supported staff and looked to drive

continuous improvement.

Various audits were undertaken which helped ensure service quality was maintained and improved. The registered manager understood the importance of good oversight to identify issues and embed good practice.

Staff felt appreciated and proud to work for the service. One told us, "I always feel proud to put my uniform on."

The service understood the benefits to people of close liaison with other agencies and organisations such as community nurses, social work teams and GP practices.

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 the service at the previous premises was good (published 18 March 2020).

Why we inspected

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

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?

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 - Shaftesbury

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 one 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 houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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 because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 July 2022 and ended on 21 July 2022. We visited the location's office on 14

July and 21 July 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We contacted the local authority to seek feedback on the provider. 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 with 10 people who use the service and four relatives about their experience of the care provided. We spoke with and received feedback from eight members of staff including the registered manager, health care assistants, care coordinator and human resource officer.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment, induction and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. We received feedback from three professionals and used this to help inform our judgements in this report.

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 told us staff made them feel safe. Relatives supported this view. Comments included: "I definitely feel very safe in their care", "I feel safe in their care", "[Family member] feels safe" and, "I feel safe and am happy with the carers."
- Staff demonstrated a good understanding of the signs and symptoms that could indicate people were experiencing abuse or harm. Staff knew how to raise concerns internally and to external agencies such as the local authority and CQC.
- Staff said they would feel comfortable to whistle blow should they witness poor or abusive practice. They were confident that management would take appropriate action when required.

Assessing risk, safety monitoring and management

- Staff told us they did not always have sufficient travel time between visits. They said this sometimes affected their ability to get to people on time. We raised this with the registered manager. They told us they were liaising with the care coordinator to ensure staff had the travel time they needed. The registered manager had also encouraged staff to raise concerns individually so this could be resolved.
- People had up to date risk assessments which included control measures required to help them minimise the risks in their lives without being restrictive. Risks were identified and recorded prior to people's care visits commencing. This included food and nutrition, continence care, skin integrity, use of flammable creams and mobility.
- General environmental risks in people's homes were assessed such as home security, trip hazards and fire safety. Where required, appropriate referrals were made with people's consent.
- The service used 'traffic light' coding to identify people with priority needs such as time specific medicines, continence care or health appointments. This helped the service prioritise care at times of adverse weather or unplanned staff shortages.

Staffing and recruitment

- There were enough staff. However, staffing and recruitment challenges were affecting some visit times, staff wellbeing and reducing capacity to support more people. This was in a context of national staffing shortages in health and social care. Staff told us, "My only suggestion would be gaining more colleagues as we are short staffed", "Our area [name of area] does have some difficulties with evening/night care" and, "There are enough staff now extra have been taken on, only becomes difficult if carers are off sick or have COVID-19 and need to isolate." The provider was taking active steps to retain and recruit staff.
- Most people and relatives commented positively about staff punctuality. People told us, "I am very happy with the carers they are on time and stay the full call time", "I am happy with the carers, but I don't think there is enough staff. This affects their ability to keep to time", "They have never missed a call", "They arrive

on time mostly", "They come on time", "On the whole they arrive on time, there's the occasional blip" and, "Very happy, always on time."

- The service had robust recruitment and selection procedures. Checks had been done to reduce the risk that staff were unsuitable to support people. This included verified references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer.

Using medicines safely

- Medicines were managed safely by staff who had received the relevant training and competency assessments.
- People received their medicines on time and as prescribed. Records confirmed this.
- People's electronic medicines administration records contained sufficient detail to support staff with this task. These were audited by the management team.
- Where people were prescribed medicines they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

Preventing and controlling infection

- We were assured that the provider was using personal protective equipment effectively and safely. People and relatives confirmed this.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider's infection prevention and control policy was up to date.
- Staff had received training in food hygiene. This included food preparation and disposal of out of date products.

Learning lessons when things go wrong

- Staff completed accident and incidents forms where required. These were audited by the registered manager to ensure consistency and follow up action was taken.
- Learning was shared with staff via emails, instant messages, supervision and team meetings.
- A professional feedback, "[Name of registered manager] has been open to discussing safeguarding's we've raised and put strategies in place to avoid things happening again."

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant 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 had an initial assessment prior to them receiving a service. This captured their needs, abilities, preferences and intended outcomes. Where required, a mental capacity assessment was also undertaken to determine a person's ability to consent to care and support.
- People received care and support which was planned and delivered in line with current legislation and good practice guidance for example with regards support with medicines, moving and repositioning and oral hygiene. One person said, "All my care needs are met well." A relative told us, "[The carers] are giving excellent care."

Staff support: induction, training, skills and experience

- People and relatives felt staff were trained to meet their needs. Staff received a range of training. This included medicines, safeguarding and moving and repositioning. A relative said, "The staff are well trained and care for [family member's] needs well." Another commented, "Very professional."
- Staff commented on the training available, "When starting the job you have three days 'training' going out shadowing, if you don't feel confident then you can say and go out with someone until you are", "I am satisfied with the frequency of training I receive" and, "Would have liked some more training on the different types of equipment, I got support from other care workers." If staff expressed, they did not feel sufficiently confident extra training and support was offered.
- A professional told us they had supported staff in their approach to working with people who were living with dementia. They told us this guidance had not always been communicated with all of the staff. We raised this with the registered manager who told us they were introducing more regular spot checks and would arrange additional training for staff with less confidence meeting people's needs with this condition.
- New staff had an induction which included shadow shifts with more experienced staff and practical competency checks in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People were encouraged to eat and drink sufficiently to maintain their well-being and support was given where this was required. A relative said, "They do make sure [family member] eats something even when [family member] is not particularly hungry."
- People's dietary needs were known and met. This included their likes, dislikes and any known food intolerances or allergies.

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

- The service made timely referrals to health and social care professionals such as GPs, occupational therapists, district nurses and social workers. A relative told us, "[Family member's] care is always handled well, handover and referral to other interventions [is] really responsive." Another relative said, "The whole team has been brilliant, helping to get the equipment in place to keep our [family member] safe and still in [their] own home."
- Professionals' views of the service included: "I have good impressions of them" and, "No criticism. No issues. I have always found them attentive if I've had concerns. They have been accommodating and open to my suggestions."

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 MCA 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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People had MCA assessments carried out and where necessary care was delivered in their best interest. However, the registered manager had identified more detail was required in people's mental capacity assessments and was reviewing these to ensure quality.
- Staff understanding about the MCA informed the way they supported people. This included the importance of seeking consent before offering help. Staff comments included: "It would be legally and morally wrong not to seek people's consent" and, "It's important people consent to their care so we are not doing anything that we shouldn't be to put people at risk or danger. We are respecting their wishes, decisions and dignity."
- People's care plans noted if they had a representative with the legal authority to make decisions on their behalf should they lack capacity. Records included the scope of any legal authority for example health and welfare and/or property and finance. A relative told us, "I have power of attorney and am kept well informed."

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us staff were kind and caring and treated them with respect. People's comments included: "Excellent carers who are really kind", "The carers are really kind and compassionate", "My [family member] has both male and female carers who are very respectful, lovely and kind" and, "They are lovely girls and I usually have regular ones." A professional said, "Staff are empathetic and caring."
- Daily notes confirmed people's right to refuse or influence the degree of support they wished to accept. The notes also demonstrated the importance placed on helping people to maintain or improve their emotional wellbeing. One person's plan stated, "Ensure you engage in giving company and conversation with this individual, in topics of their interest if they so wish. Allow them to participate, offer reassurance if they are anxious."
- The service kept a record of compliments from people and relatives which were shared with staff. Comments included: "[Name] is fabulous", "[Names of two staff] make my morning routine so much easier as they know where everything is" and, "[Name's] visits are the making of my day."
- People and, where appropriate, their relatives told us they felt involved in decisions about the care and support they received. This included making decisions about their appearance, what they wanted to eat or drink and how they wished to spend their day.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of helping to maintain people's privacy and dignity. People and records confirmed this. For example, one person told us, "They observe my privacy when doing personal care."
- People were encouraged and supported to remain as independent as possible and live the lives they wanted to. Daily notes confirmed this. Staff commented: "I think our clients are given as much support as they need to help with their independence" and, "Training on hoists/stand aids has helped with people I support to remain as independent as possible."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were detailed, and person centred. They included people's medical history, family network, achievements, preferences and abilities. People told us: "They are always responsive to my needs", "I have a care plan and they always do everything needed", "Very responsive to my care needs" and, "They know me well and I know them too!"
- People's care plans were reviewed with their and, where appropriate, their relative's involvement. A staff member stated, "All information is on the [name of mobile app] for us to read and care packages are updated when and if extra care is needed." Another staff member said, "Care plans are set up and checked to make sure people's needs are met. I help support this by reporting any changes to service users so that care plans can be adjusted." A person said, "There is a folder care plan which the carers update on their smart phones."
- People were supported to make decisions by staff who understand the importance of choice in all aspects of the care and support they received. People and records confirmed this.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and detailed in their care plans. This included the person's preferred method of communication, any impairments that could affect their communication, and guided staff on the best ways to communicate with them. Plans guided staff on what side or distance to stand when speaking with a person and the aids people used to communicate.
- People's preferred methods of communication were shared with health and social care professionals when required, for example when people required admission to hospital. These are sometimes referred to as care passports.

Improving care quality in response to complaints or concerns

- The service had a complaints policy which was included as part of people's welcome pack which was held in their homes.
- Records showed complaints had been resolved in line with the provider's policy.

End of life care and support

- The service ensured that when supporting people with end of life needs, this was provided by a consistent group of staff. The service checked with staff that they felt confident and happy to provide this type of care and provided emotional support.
- When appropriate the service liaised and worked closely with hospice staff to help ensure people received joined up care at that time difficult time.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Communication within the service was an area of improvement the registered manager had identified. People told us they were not always informed when staff were going to be late, this had sometimes impacted on their day negatively. The registered manager was taking steps to strengthen and improve communication at the service.
- Staff commented on the culture of the service: "I find the rest of the carers, on the whole professional and hardworking", "[It's] professional and hardworking" and, "Professional and supportive."
- The registered manager had recently taken on the role at this location in addition to being the registered manager at another of the provider's locations. They told us they "definitely" felt supported by the regional manager who visits the location. The registered manager added, "We have a network where all managers are on [name of social media platform] so we can message each other. Like one big family. Recruitment and human resource teams are good. Whenever I need support it is there."
- Staff spoke positively about the registered manager. Comments included: "I find [name] efficient, likeable and professional" and, "I feel [name] is a very good registered manager, any problems that I have reported [name's] dealt with quickly and effectively." Professionals told us, "From my experience [name] has been a very good manager, [name's] very good at letting us know of any issues and is very keen on following procedures" and, "[Registered manager] is quite receptive. Have had some really good conversations and [is] good at getting back to me."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 had a good understanding of their role and understood what was required to delivery good quality care consistently.
- Staff were proud of working for the service. They told us, "I always feel proud to put my uniform on", "Yes, [it's a] good company to work for" and, "I am happy working for Apex because they are a professional body aiming to provide a good service for our clients."
- Staff felt appreciated by the service. They said, "Yes and I'm thanked regularly for my good work", "Yes I feel appreciated, I'm always thanked for taking on extra shifts and I've had lots of positive feedback from service users that have phoned the office and this good feedback has been passed on to me" and, "I like working for Apex Prime Care due to the company being professional and as a result, I am made to feel professional." The registered manager said, "We do 'compliment Fridays', staff should always be thanked

when going above and beyond."

- The registered manager understood CQC requirements, in particular, to notify us and, where appropriate, the local safeguarding team, of incidents including safeguarding issues, disruption to the service and serious injury. This is a legal requirement.
- The registered manager understood the requirements of the duty of candour. They told us, "It is about being open and transparent if something goes wrong." They provided examples where they had done this.

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

- People and their relatives were given opportunity to feedback about the service via annual surveys; the last being May 2022. Feedback was analysed and used to drive improvement. For example, mixed feedback received about office communication was being addressed. A staff member said, "Feedback is always listened to and acted upon if necessary."
- Staff welfare checks were carried out. Discussions included support required, protection from COVID-19, rotas, shifts, travel time, outcome of welfare check and required actions by the service. Staff had fed back, "Yes getting enough travel time. The office are good when things are not right. Always feel that the office listens", "I do get enough travel time. Feel supported by office", "Allow drive time between calls" and, "[Name of registered manager] has taken over - feel more supported now. [Name of registered manager] is spot on."

Continuous learning and improving care; Working in partnership with others

- Various audits were undertaken which helped ensure service quality was maintained and improved. These included: courtesy calls, review of medicines administration records, training, rotas, staff punctuality, care reviews and daily notes.
- The service worked in partnership with others to provide good care, treatment and advice to people. This included developing and maintaining good working relationships with district nurses, social work teams and GP practices.