

Apex Prime Care Ltd

Apex Prime Care - Christchurch

Inspection report

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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 - Christchurch is a domiciliary care agency providing personal care and support to people in their own homes. These are predominantly older people. At the time of inspection, the service was providing personal care to 63 people.

Not everyone who uses the service receives 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 and their relatives said they or their loved one felt safe and comfortable with the staff who visited them, and that care was not rushed. Staff understood their role and responsibility for safeguarding people from abuse. There were recruitment checks to help ensure new staff had the necessary skills and character to provide people's care.

There were enough staff to provide people's care and the service had missed no care visits. Everyone we spoke with said they or their loved one had regular care staff. However, there had been a recent turnover of staff in the part of the service covering Bournemouth, meaning people had to get used to new staff.

Medicines were managed safely. People received their medicines in the right dose at the right time. The provider's medication policy did not address covert medication, which is the concealment of medicines in a person's food or drink where this is in their best interests. We have made a recommendation regarding the provider updating their medicines policy to address covert medication.

People, relatives and staff voiced confidence in the way the service was run. They felt the management team were approachable and would act on concerns raised.

The registered manager, office team and care staff understood their roles and responsibilities. Staff supervision and observed practice had fallen behind due to the pressures of the pandemic but had recently resumed.

Quality assurance measures were in operation. These included the provider issuing a questionnaire to obtain feedback, and feedback from people and staff in more informal ways. There were also audits of various aspects of the service. Any shortfalls found were addressed.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or

autistic people.

Based on our review of safe and well-led, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

- Right support: Care was planned and delivered in a way that maximised people's choice, control and independence. The service reported back to commissioners of care where care packages seemed overly intense, which risked robbing people of their independence.
- Right care: Care was delivered according to each person's individual needs and preferences. Although there had been changes in staff in some parts of Bournemouth, staff got to know and understand people. Staff also described how they had regular people to visit. Staff and managers promoted people's dignity, privacy and human rights.
- Right culture: The ethos of the service and the values, attitudes and behaviours of managers and care staff ensured people were supported as far as possible, within the limits of their care package, to lead confident, included and empowered lives.

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 6 February 2020).

Why we inspected

We received concerns in relation to how the service safeguarded people from abuse. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Apex Prime Care - Christchurch on our website at www.cqc.org.uk.

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 - Christchurch

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 undertaken 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.

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

Notice of inspection

We gave the service a day's notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 1 March 2022 and ended on 17 March 2022. We visited the location's office on 1 and 8 March 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers

and represents the views of the public about health and social care services in England. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does 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 six people who used the service and six relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, a care coordinator, the branch trainer and care workers.

We reviewed a range of records. This included three people's care and medication records and two further people's medication records. We looked at three staff files in relation to recruitment and staff supervision. We also reviewed a variety of records 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.

The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed safely. Staff were trained in handling medicines safely and had their competency to do so assessed.
- People received their medicines as prescribed, in the right dose at the right time. The computerised recording system alerted the office staff if a medicine had not been given when it was due. Office staff monitored these alerts throughout the day, contacting staff to find out why medicines had not been administered and ensuring people received their medicines if appropriate.
- Where people were prescribed medicines they only needed to take occasionally, there was guidance for staff to ensure those medicines were administered as people needed, in line with their prescription.
- A person's prescribed creams and ointments frequently changed and were recorded in their daily notes rather than on their medicines administration record (MAR). The registered manager acknowledged the creams should be on the MAR and this was swiftly rectified.
- A person needed their medicines concealed in food as they otherwise refused to take them yet did not understand the serious implications for their health; this is known as 'covert medication'. The person's family and GP had been involved in the decision to administer medicines covertly in the person's best interests. During the inspection the registered manager arranged for the GP to review their covert administration instructions and for a pharmacist to advise on how this should be managed.
- The provider's medication policy did not address covert medication. We signposted the registered manager to CQC's information about covert administration of medicines for adult social care services.

We recommend the provider reviews and updates their medicines policy in line with current guidance to include a clear explanation of the covert medicines process.

Systems and processes to safeguard people from the risk of abuse; Recruitment

- People and their relatives told us they or their loved one felt safe and comfortable with the staff who visited them. Comments included: "I feel very safe and well looked after", "I have never had any worries about whether the care I am getting is safe or not" and "That [person is safe] is one of my main concerns with regards to any agency that was looking after them. All I can say is that if I did have any worries, we wouldn't still be with the agency."
- Staff had training in safeguarding adults and children when they first started working for the service, with annual refresher training after this. The staff we spoke with understood their role and responsibility for safeguarding people from abuse, including how to recognise and report possible abuse.
- The management team had made safeguarding referrals as necessary to the local authority safeguarding team and had investigated concerns as required by the safeguarding team.

- The service undertook recruitment checks to help ensure new staff had the necessary skills and character to provide people's care. 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.

Staffing

- There were enough staff to provide people's care and the service had not missed any care visits.
- Everyone we spoke with said they or their loved one had regular care staff, who they saw most of the time. Comments included: "[Relative] only has one visit a day and for 90% of the time, they have one lovely carer called [staff name]. She has been coming for a long time and she looks after [relative] extremely well" and "I do have regular carers who come to me most of the time. I like it because they know me, and I don't have to constantly explain to strangers what it is I need help with."
- The service had recently lost some staff who worked in the Bournemouth area, although recruitment efforts were under way to replace them. Whilst care calls were covered by staff who usually worked in other areas, this had meant some people had experienced changes in staff. A relative explained: "There has been quite a number of staff changes recently which has been difficult for us because it's involved a number of our regular, long-term carers leaving the agency. It always takes a while for new carers to understand the routine and get to know [person] so I have to say it's not been ideal of late."
- Generally, staff arrived promptly, although there were mixed reports about whether the office informed people if staff were running late. This required care staff to tell the office they were delayed, and people and relatives in Bournemouth reported they sometimes had to phone the office. Comments included: "On the whole, they do arrive roughly on time and it's only usually if there's an emergency or somebody is off ill that there's any change. The agency will let me know if that happens", "Because [person] has four visits a day, sometimes the timings can go a bit awry if the first call in the morning is running late, followed by the lunchtime call running early as it could mean she has a late breakfast and then early dinner without there being much time between. It can also mean that things like incontinence pads struggle to last for the longer periods. On the whole however, they tend to be within probably 15 minutes of the time they should be here so it's manageable" and "It's just sometimes in the evenings when they can arrive a bit early and that means that it's a long night for me until the carer comes in the mornings. Other than that, their timings tend to be about right."
- Staff stayed the full length of the call, unless people let them go sooner, and people felt their care was not rushed. People and relatives commented: "The carers usually stay for the full amount of time, but sometimes they have finished everything that I need help with, so I don't mind if they go a few minutes early. Most of the time however, the carers will stay and just have a bit of a chat with me while they finish writing up their work", "They usually stay until I am comfortable and sorted out" and "They certainly don't rush [person] and they make sure that everything is completed before they leave."
- Staff told us care calls were about the right length and they did not feel rushed. A member of staff commented that travelling time in traffic-congested Bournemouth was not always sufficient, but was emphatic about always ensuring people had the care they needed rather than being on time and that they would let people or the office know they were running late.

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

- Each person had individualised assessments of risks to themselves and to the staff supporting them, for example, risks associated with moving and handling and environmental risks in their homes. Care plans instructed staff how to provide care in a way that minimised the assessed risks, in a way that was acceptable to the person. Risk assessments and care plans were kept under review and updated as necessary.
- Staff had the training they needed to work safely, meeting each person's needs and understanding the risks involved. This included practical moving and handling training, which had been delayed due to the

COVID-19 pandemic. A relative told us, "The carers have always been well trained when it came to things like hoisting and showering and positioning [person] in bed."

- There was a system for recording, reviewing and analysing accidents and incidents. Staff reported accidents and incidents, which the management team reviewed to ensure all necessary action had been taken for people's safety and wellbeing. The registered manager and provider reviewed accidents and incidents to identify any emerging themes or trends.
- Any learning was shared with staff through communication updates, staff meetings and supervision meetings, as appropriate.

Preventing and controlling infection

- Two relatives described how they were reassured by staff following infection control measures. They said: "They have always made sure that they have their masks and gloves on and they always wash their hands and importantly take out all the waste with them when they go. Thankfully [person] has managed to get through the last two years without catching the bug" and "The agency seems to have done a really good job when it came to ensuring the safety of their clients in relation to the COVID infection. All [person's] carers have worn the appropriate protective wear and they have ensured they have washed their hands as many times as was necessary. Both of us have managed to not go down with the infection, for which I'm very grateful."
- Staff confirmed they had access to ample supplies of PPE, such as disposable gloves, masks and aprons, at the office.
- The service had taken part in regular coronavirus testing for staff.
- Staff had training in infection prevention and control and about COVID-19.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives voiced confidence in the way the service was run, giving rise to their positive experience of care and expectation that any concerns would be addressed. Comments included: "Overall, [person] is very happy with the care they get. They look forward to the carers arriving", "We were really concerned about how the care would be during the COVID outbreak, but I have to say our fears were not matched by the [positive] experience we had" and "I do have confidence that they would take seriously any problems that I had but to be honest I would talk to my [relative] and get them to speak with someone at the office if I did have any particular problems. So far, everything has been alright."
- Staff also expressed confidence in the registered manager and office team, saying they were easy to contact and supportive during office hours or on-call. Comments included: "If I need to go in and talk to [registered manager] she's there or she's at the end of the phone", "[Registered manager is] always approachable... very much so", "[Registered manager's] door is always open", "They are welcoming... Any issues, worries, they support me 100%" and "I think they're a great team."
- Staff talked of how they valued their work and felt good being part of a team. They told us, "Can't think of a better place to be" and "We all pull together... I can't fault them [managers and colleagues]." Staff also told us how they valued how the service respected and accommodated their family caring commitments.
- People and relatives had opportunities to provide feedback through care plan reviews, observations of staff, and telephone calls from the office staff. The registered manager used this to highlight good practice and improve the quality of the service. There were also quality assurance questionnaires every year or so; the provider was about to send one out to people and relatives.
- Staff meetings had resumed. There were also regular welfare calls to staff, separately to supervision, as an opportunity for them to voice how they felt and feed back any concerns they had about the service. Staff also received a weekly update of developments, such as changes in infection control guidance
- The service worked in partnership with others to help ensure good outcomes for people. The registered manager reported good working relationships with health and social care professionals and with commissioners. This was echoed in the feedback we received.

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 the requirements of the duty of candour, in the event they needed to exercise this. This is a registered person's 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.

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.
- There were checks at intervals on various aspects of care and management, such as medication, care recording, infection control and staff records. Any issues identified were addressed. In addition, the office team monitored the computerised care recording system throughout the day, checking people were getting the care they should be at the right time and following up any discrepancies.
- Individual staff supervision meetings and support visits, where senior staff observed care staff at work, had fallen behind due to staff sickness and staff leaving. The registered manager had identified this needed to change and efforts were already under way to address it. Meetings and support visits had recently taken place and further ones were booked for the near future.
- Staff told us the registered manager was open and fair with them if she was concerned about their performance and clear about how she expected them to improve. For example, a care worker told us, "[Registered manager] will speak her mind if she has a concern."
- The provider supported the registered manager through their regional management structure to meet their commercial and regulatory responsibilities. The registered manager completed a set weekly report for the regional manager and had regular informal, supportive communication with them.
- The registered manager had met legal requirements such as notifying CQC of significant incidents and events. This is a legal requirement enables CQC and other professionals to monitor care and keep people safe.