Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Romsey

Strong House, The Horsefair, Horsefair Court,
Romsey, SO51 8JZ

Date of Inspections: 20 June 2014
17 June 2014

Date of Publication: July 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Apex Companions Limited
Registered Manager	Mrs Nadia Dennis
Overview of the service	Apex Care is registered to provide personal care to people in their own home. This inspection took place at the Romsey office and included people who use the service in the Romsey and Winchester areas.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 June 2014 and 20 June 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

What people told us and what we found

We looked at the personal care or treatment records of people who use this domiciliary care service, carried out a visit to the head office on 16 June 2014 and visited two people in their homes. We spoke with staff during our visit and afterwards by telephone. We also spoke with other people using the service, or their relatives, by telephone later during the week of the visit.

We considered our inspection findings to answer questions we always ask;

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well led?

Is the service safe?

The service was safe because each person had a support plan which identified their individual needs, an assessment of possible risks to the person and the visiting care worker and a description of the person's needs for support.

People were safe because staff received induction and training. This included training in topics such as safeguarding vulnerable adults and health and safety. Staff we spoke with were able to identify different types of abuse and knew the correct procedures to follow if they had any concerns.

The provider ensured appropriate checks were undertaken before staff started work. We looked at the recruitment records of four care workers. We found photographic identification present on each care worker file. Disclosure and Baring Service (DBS)

checks were undertaken on new staff. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Is the service effective?

People's health and care needs were assessed with them, and they were involved in writing their plans of care. Care plans were regularly reviewed by the registered manager or their deputy and systems were in place for communicating any changes to people's care when required. People using the service confirmed that changes requested to their care were accommodated where possible.

People received care from a regular group of care workers and were informed of their rota in advance.

Is the service caring?

The service was caring. During our visit we looked at six care plans and talked with people receiving the service. People said about the staff, "They are very good, polite and friendly, I cannot fault them," "[My care worker] is marvellous and does that little bit extra" and "They'll do anything for you, they're terrific".

People's preferences and needs were recorded in their care plans, and care and support was provided in accordance with people's wishes.

Is the service responsive?

The service was responsive. People using the service said their views were listened to. Staff ensured people received medical support if necessary.

People knew how to make a complaint if they were unhappy. One person said that they had made a complaint and were satisfied with the outcomes. We looked at how these complaints had been dealt with, and found that the responses had been open, thorough, and timely. People can therefore be assured that complaints are investigated and action is taken as necessary.

Is the service well led?

The service worked well with other agencies and services to make sure people received their care in a joined up way.

The provider ensured staff were recruited in line with best practice and received induction and regular training.

The service had a quality assurance system to check records, review feedback from staff and people using the service and to act on complaints. This meant the quality of the service was continuing to improve.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

For this inspection we visited the head office and spoke with staff there, and visited some people who use the service at their homes. We spoke with the registered manager, seven members of staff, six people who use the service and looked at records.

Most people using the service said they felt involved in their care and understood the care they were receiving. They could recall reviewing their care plans with senior care staff or the manager. Three people told us that care staff were helpful and kind, and everyone we spoke with praised the care staff. We heard comments such as, "They'll do anything for you, they're terrific," "They accommodate my wishes" and "I am fully involved [in my care]."

People were supported in promoting their independence. When we spoke with people using the service they said care staff were respectful and offered help when it was needed but encouraged independence. We spoke with staff who recognised they had a role in encouraging and prompting independence. One care worker said, "I offer people choices and listen to their views. If they refuse care, I offer alternatives and record if care is refused."

The registered manager said they had set up a system for sending people their weekly visit sheets, detailing the time of each call and the name of the assigned care worker. Most people using the service said these were useful and they liked to know who would be providing their care and what time they would be arriving. The provider may find it useful to note that one person was not receiving this notification. This was raised with the registered manager who said it would be addressed. One person using the service said they had asked for changes in the times of their calls, and their request had been accommodated. This meant that people using the service were informed about and involved in arrangements relating to their care.

Staff explained how they respected people's privacy and dignity. They all said they had been trained to provide care in a way that people would like. For example, they closed doors or curtains when providing personal care, explained to people what they were about to do and asked for their permission before proceeding. People using the service said care was provided in a respectful way. We heard comments such as "They [the care staff] are very good at being respectful, and very friendly" and "They keep you informed of any delays; I appreciate that." This meant people's values and human rights were respected.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

For this inspection we visited the head office and spoke with the registered manager and staff. Overall, we spoke with seven members of staff, six people who use the service and looked at six people's care records. People were complimentary about the care they received, with people saying they received a good standard of care. The service was frequently described as reliable and people told us they usually received care from a regular group of staff who arrived promptly and stayed for the correct length of time.

People told us that the staff provided the care they needed. People commented that their care plans had been reviewed and updated to reflect their needs. One person described how at their review, the manager had checked with them what they required staff to do and what aspects of care they wanted to do themselves. Staff confirmed that the care plans were accurate, up to date and easy to follow. From our review of care plans, they had all been reviewed within the past four months. This meant people's needs were assessed and care was planned and delivered in line with their individual care plan.

Care was delivered in a way that was intended to ensure people's safety and welfare. One person said, "When I have been unwell, the [care workers] have been really good". They described how care staff had supported them when they had been unwell, and had stayed with them. Three people told us that staff would do anything for them.

We looked at the care plans for six people who use the service. We found they had been updated and reflected people's needs and risks associated with their care. They included guidance on medication requirements, a brief medical history, how people liked to be addressed and any specific cultural needs. We saw the agreed outline of duties was written in the plans so that care staff would know how people liked their care provided. The provider had carried out mental capacity assessments in order to understand people's cognitive abilities and to assess the risks of people making unsafe decisions about their care. People using the service had been asked to sign that they agreed with their plan of care.

The registered manager outlined systems in place for communicating changes in people's health or wellbeing. Staff were encouraged to contact the office if they found people were,

for example, refusing medication so that their GP could be contacted. Similarly, if people had new prescriptions, new or short term care plans were produced by the office and texts were sent to staff involved in that person's care to inform them of the changes. Most care staff commented that communication was improving, and support from the office was good.

We spoke with a coordinator, who was responsible for planning when people received their care and for reviewing people's care. Systems were in place to arrange regular calls for people. Schedules showing the time and care worker for each call were sent to people each week. Both care staff and people using the service commented that the service's reliability and consistency had improved. They said that calls were better planned and this had helped. Recent staff sickness had meant that staff rotas had changed frequently, and this had led to last minute changes to people's calls. People using the service understood this and commented that it was an unusual situation.

The coordinator outlined the service's emergency arrangements to ensure people were cared for appropriately, for example at times of extreme weather. The service maintained emergency contact details for people using the service and their relatives and prioritised care based on need and risk. Care staff told us they were trained to support people if they had a medical emergency. One staff member described a situation when they visited one person using the service who needed medical assistance. They called for emergency assistance, contacted the office and the person's relative and supported the individual concerned until an ambulance arrived. This meant there were arrangements in place to deal with foreseeable emergencies.

People's care was planned and delivered in a way that protected them from unlawful discrimination. Both people using the service and staff reported that people's preferences for care workers of a specific gender were considered. People also told us that their views regarding specific care workers were taken into account wherever possible, which they appreciated. People told us that they trusted staff. They also said that confidentiality was respected and care staff did not talk about other people during their visits or make personal calls.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

People were supported by staff who were able to perform their role. We spoke with six people who use the service whose comments on care workers included: "Nothing is too much trouble", "They are very good, polite and friendly, I cannot fault them", "[My care worker] is marvellous and does that little bit extra" and "I have a great affinity with [two care workers], they are all very good".

There were effective recruitment and selection processes in place. The recruitment process was explained to us in detail and we looked at the files for four newly recruited staff. Application forms were submitted on line. Applicants were interviewed and the role and job descriptions were explained to ensure new staff understood the nature of the work. There was a checklist to ensure this was completed.

Appropriate checks were undertaken before staff started work. We saw evidence that two references of previous places of employment were taken up. In one case, there was no response from one reference and a third reference was requested to provide assurance of a candidate's suitability for the role. We saw that applicants' criminal record checks were carried out before they started work, and new staff were required to undertake identity checks and complete confidentiality agreements and health declarations. We spoke with staff who confirmed this recruitment procedure. The provider may find it useful to note that for one new staff member, the records did not show the outcome of their criminal records check. We raised this with the registered manager who confirmed this had been returned and verified this after the inspection.

Staff files included evidence that they completed three days of induction at the head office. This included topics such as safeguarding vulnerable adults, the safe use of equipment for moving and handling and first aid. New staff were also required to shadow more experienced staff, who then completed a shadowing checklist to provide a judgement on their competency. Staff said the induction training was effective and access to further training or shadowing opportunities was provided. The training manager stated that they would offer additional support to new staff who lacked confidence or who needed more guidance in the role. When we spoke with people using the service, they verified that new staff completed induction and shadowed senior staff before they were allowed to work on their own. This meant people were cared for by suitably skilled staff.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The provider had systems in place for monitoring the quality of the service. At the previous inspection in January 2014 we identified non-compliance with this essential standard. This was because there had been inconsistent auditing of the quality and consistency of the service. The provider submitted an action plan that stated they would carry out regular monitoring of people's views, their care plans and staff training.

During our visit in June 2014 we found that service users had been surveyed for their views. Feedback had been positive, but there had been a low return rate. A staff survey had been initiated recently and the provider was still receiving feedback forms. One staff member commented that they welcomed the staff survey and felt it was useful to have included office staff in this process. The registered manager explained how individual concerns were being addressed where appropriate and general themes were identified and discussed at team meetings.

Staff commented on attending team meetings and said these were useful for raising issues and airing views. One staff member said that concerns about a lack of travel time between clients resulted in rearranged routes, which had been helpful. We saw from the last meeting agenda that discussions included learning from audits and improving quality. The agenda included topics such as safety procedures, medication and care plan audit results. Staff said there was an emphasis on writing clear notes in care plan records and this was reinforced at the last team meeting. This meant people who use the service, their representatives and staff were asked for their views about their care, and they were acted on.

Both care staff and people using the service said that spot checks were carried out on staff to ensure they were providing care appropriately and recording events in line with guidance. People using the service commented this was reassuring and were pleased these checks were carried out. One person said "It's a good service now, they have turned themselves around in the last few months."

The registered manager showed us the system for auditing care records. She had a

system in place for auditing about 12 care records at random each month, and sharing findings with staff generally. Learning from audits had included reminding staff to record when medication had been prompted but refused. We saw that the use of blue pen in daily records was identified frequently in these audits, but was reducing. Audits had also identified that the design of the record template needed improving and changes were underway at the time of our visit.

The provider had documented mental capacity assessments and these were in people's care plans. We identified at our last visit that although discussions had taken place about people's capacity to make decisions about their care, these had not been documented. The registered manager showed us that staff training was monitored and all staff were up to date with mandatory training, or were booked to attend. Team leaders had been trained to carry out assessments and the registered manager had completed training in topics including the Mental Capacity Act 20015. This meant the provider had taken action in response to observations contained within our last report.

We examined the provider's complaints log and we saw that complaints were recorded, investigated monitored and responded to in a timely way. There was evidence of learning from complaints, for example to text care staff of changes to rotas. We spoke with one person who used the service who said that when they had made a complaint they had been taken seriously and changes made to their care as a result. This meant the provider took account of complaints and comments to improve the service.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We found people's personal records were accurate and fit for purpose. Care plans were personalised, structured and contained sufficient information to enable staff to deliver care safely. Two care workers confirmed that care plans were working documents and accurately summarised people's care needs. They confirmed that any changes to people's care plans were documented. Updated care plans were printed off with one copy retained in the office file and another copy placed in people's files in their homes.

We observed that people's care information was kept in files in people's houses, in a place proposed by people using the service. One care worker said some people preferred to keep their files available, whereas others preferred them to be stored in a cabinet. Information was kept confidential however within the person's file and care staff knew where to find it. Office copies of care plans were stored securely in a locked filing cabinet in the office. Records were kept securely and could be located promptly when needed.

We saw that records of care provision were made by care staff after each visit. The information recorded was clear and concise, and audited regularly.

Staff records, including information about their employment and training, were held electronically and access to this information was password protected. The registered manager outlined arrangements for the safe storage of electronic information, with daily back-ups and secure access arrangements.

Archived records were stored in a locked room. The manager explained that she ensured that records were kept for the appropriate period of time and then destroyed securely.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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