APT Care Limited

APT Care Limited

Inspection report

24 Titan Court
Laporte Way
Luton
LU4 8EF

Tel: 01582451745
Website: www.aptcare.co.uk

Date of inspection visit:
29 May 2019
30 May 2019
31 May 2019

Date of publication:
08 August 2019

Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
APT Care Ltd is a domiciliary service providing personal care and support. APT Care Ltd were supporting 173 people at the time of the inspection. The service supports people needing long term care packages as well as people needing short term care for between 10 and 42 days when discharged from hospital.

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 told us they felt safe due to the caring approach of staff. However, we found people were not safe due to insufficient assessment of risks in relation to care, treatment and medicines. The provider did not manage people's medicines safely. Staff had access to gloves and aprons to help prevent the spread of infection. Staffing levels were safe and people told us timing had improved.

People did not have their needs fully assessed or documented. Staff training had improved, and people felt staff had the right skills to support them. Staff supported people with food and drink but the management team had not assessed risks around choking for at least one person. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the systems in the service did not support this practice.

People told us staff were kind and caring and treated them with respect. People felt staff upheld their dignity and supported them to keep their independence where possible. People told us they were involved in reviews of their care but staff did not document changes in care plans. This resulted in missing or contradictory information and care plans not updated.

The provider did not ensure people's care plans promoted person-centred care. People were happy that staff asked about their needs when they supported them. People told us that complaints management had improved but that office staff did not always get back to them. Staff supported people receiving end of life care but training for staff and the development of end of life care plans for people had not yet been implemented.

People and staff did feel they could call the management team at anytime but did not feel consulted and informed on issues related to the running of the service. Systems to check how well the service ran did not enable effective monitoring and improvement. Care and risk planning for people was not enough to support good and safe care. The provider had continued to fail to meet the standards for a fifth inspection.

Rating at last inspection and update
The last rating for this service was requires improvement (published 08 February 2019) and there were

multiple breaches of the regulations. The provider completed an action plan after the last inspection to show what actions they would be taking to make improvements. This service has been rated requires improvement or inadequate for the last five consecutive inspections.

Why we inspected
This was a planned inspection based on the previous rating. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can see what action we have asked the provider to take at the end of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for APT Care Ltd on our website at www.cqc.org.uk.

Enforcement
We have found breaches in relation to ensuring that people have safe and personalised care and support. We have also found a breach around effective systems to support good management of the service at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Since the last inspection we recognised that the provider had failed to notify us about significant and serious events. This was a breach of regulation and we issued a fixed penalty notice. The provider accepted a fixed penalty and paid this in full.

Follow up
The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate

The service was not well-led.

Details are in our well-Led findings below.

APT Care Limited

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 Care Act 2014.

Inspection team
Two inspectors and one Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service with an area of expertise in dementia care.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service did not have a manager registered with the Care Quality Commission. A registered manager 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 24 hours' notice of the inspection. This was because we wanted to be sure there would be people at the office to speak with us. Inspection activity started on 29 May 2019 and ended on 31 May 2019. We visited the office location on 30 May 2019.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought updates on actions from the provider and feedback from the local authority and professionals who work within the service. This information helps support our inspection.

The provider was not asked to complete a provider information return prior to this inspection as they had

already done so within the last year. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with 10 people who used the service and eight of their relatives about the experience of care provided. We spoke with eight members of staff including the nominated individual who is legally responsible for the service, the deputy manager, senior staff, care staff and quality and compliance staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with two health and social care professionals

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

Inadequate

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the management of medicines and the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 12.

● There was not enough guidance in people's care files for staff on how to support people safely. This included areas of risk in relation to delivery of care, using equipment, infectious diseases, medicines, pressure care and choking. Risk assessments had blank areas or with minimum instruction and in some cases contradictory information to the care plan. Risk assessments did not identify significant risks to people's health and well-being to promote people's safety.
● Senior staff did not assess risks of people choking or document this for other staff to know how to safely support people who required support to eat and drink in bed or who needed the use of a feeding tube. This put people at risk of harm.
● Medicines were not managed safely. This had led to the incorrect medicine administered to people and several gaps in medicine records.
● Staff had received training in medicines, However, the recent errors showed that while the medicines training had improved, it was still not enough to ensure staff were competent to administer medicines.
● There was insufficient information in care files about prescription medicines and administrating them in line with people's preferences. The medicine administration records (MAR) did not have information about specialist medicines. This put people at risk of serious harm for these specific medicines if not administered correctly. Daily notes showed these medicines were not administered correctly.
● People on short term care packages felt the care was not planned well. One person told us, "Staff were very poor. They didn't turn up, and management was just as bad. Management didn't tell the staff if I had and appointment and they still came."

We found evidence that people were at risk of harm. Systems were either not in place or robust enough to show safety was effectively managed. This placed people at risk of further harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded by explaining the action plan they were working towards and changes made so far. However, this had only recently been put into place and the same concerns had been raised with the provider over the previous four inspections.

● Staff had received training on keeping people safe. Staff could show a general awareness of safeguarding people and were confident on how to report concerns.
● People told us they felt safe, due to the kind and caring approach used by staff. One person told us, "Staff are so gentle and delicate when helping me. I feel very safe knowing they are here for me."
● The rota system combined manual and electronic systems to ensure rotas were appropriate and staff had enough time in between care visits for travel. The system also highlighted straight away if a care visit was late or missed. The office staff checked this system and people with longer term care packages agreed this was good and care visits were on time. This was an improvement since the previous inspection.

Staffing and recruitment
● Staffing levels were safe and sufficient to meet people's needs. People told us that care visits were mostly on time and no longer missed. Relatives told us that staff will always call if running late.
● The provider carried out all pre-employment checks including disclosure and barring checks and a full employment history. Staff confirmed they did not start work until management had completed all checks.

Preventing and controlling infection
● Staff had completed training around how to reduce the risk of infection and understood this guidance. Staff had access to disposable gloves and aprons they used to reduce the risk of infection.

Learning lessons when things go wrong
● The provider shared information openly about improvements needed and what they had learnt from incidents and accidents which occurred. Staff were involved in these discussions and the provider shared outcomes with the team, relatives and health professionals while supporting the bounds of confidentiality.

Requires Improvement

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider did not conduct a full assessment of peoples needs prior to them receiving care and support. Staff used other agencies assessments to identify peoples care and support needs along with the providers one-page 'top up' form. Neither of these assessments identified people's medicines, history, cultural, social and emotional needs and how to deliver care in line with people's preferences.
- This left people at risk of their needs not being met by staff and the potential to cause harm. One person unable to attend their preferred church for example, had no instruction for staff on alternative ways to support them to express their faith and maintain relationships within their community.
- For people living with dementia their plan did not mention what type of dementia the person was living with or how this affected their life and any associated risks. Other people had risk assessments for dementia care who did not have a dementia diagnosis.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to show people's needs and choices were assessed and being delivered in line with guidance. This placed people at risk of harm. This was a breach of regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded by explaining the action plan they were working towards and changes made so far. However, this was only recently actioned and the same concerns raised with the provider at the previous inspection.

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

- Staff supported people to access health and social care professionals when needed. The provider also made specialist referrals when required such as to district nursing services or with social workers to reassess care packages.

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

- Not all people receiving care needed help to eat and drink or prepare meals. For those who did they were happy with the support and choice given by staff. One person told us, "Staff get breakfast for me, sometimes a cooked one depending on what I want, with a drink. At lunch, staff get me a heated ready meal with cup of tea and at tea time make me sandwich with a cup of tea."

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 Act 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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

● The provider confirmed that there was not anyone currently being deprived of their liberty but they had recently introduced a new mental capacity assessment from for anyone they had concerns about. People told us staff always asked their consent before providing care and explained what they wanted to do.
● Staff had received training in MCA and DoLS. The provider had recently introduced a brief refresher guide printed on the rear of staff identify cards to aid their knowledge and practices. Most staff had a basic understanding of how to support people with decision making and understood the process for assessing capacity. However, not all staff were confident in their understanding and this was an area that the provider was continuing to improve.

Staff support: induction, training, skills and experience
● The provider has recently begun to introduce external trainers and changes to training to improve staffs understanding of how to apply the training in practice. This had a positive impact as all people and relatives confirmed they felt staff skills in relation to using hoists and other mobility equipment was good. Staff also felt they received good training.

Requires Improvement

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- At the previous inspection people were concerned about staff speaking to each other in languages they did not understand and staff using mobile phones while providing care. The provider had been addressing these issues and people told us this had improved. One person told us, "I have no issues with understanding staff. In fact, I ask them about their culture and they chat to me about it. They seem to like this, I enjoy it too."
- At this inspection, most people felt staff treated them with kindness and patience and addressed them using their preferred names and titles. People told us they never felt rushed. One person said, "Staff will sit and chat to me, this makes me feel better and adds to my well-being." Although, people and relatives did have concerns staff teams were not consistent and unfamiliar staff who they did not know could just 'turn up'.

Supporting people to express their views and be involved in making decisions about their care

- People confirmed staff did come out to conduct reviews of their care with them and they were involved in this. People knew what was in their care plans and kept a copy in their home. However, one relative told us when a care plan was recently updated staff had not read it and instead asked the relative what to do.
- Care records did not show evidence of involvement in reviews and their content was not consistent, up to date or correct. For example, some people's care plans mentioned medical conditions not in the risk assessment and sometimes this information varied within the same document.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives had mixed views about how staff promoted people's independence. Most people felt staff did encourage them to be independent by encouraging them to wash themselves or stand up. One person told us how staff also supported them to get out into the shops and felt this was of great benefit to their wellbeing and in helped their independence. However, one relative spoke about how staff could encourage their family member to be independent and walk more.
- People told us staff upheld their privacy and dignity. by always ensuring they shut, doors and curtains and covered them up as much as possible when supporting them to wash.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant people's needs were not always met.

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

- People did not have personalised care plans in place. People's assessed needs were based on information from other agencies. Plans did not review people's history, medicines or how they preferred their care needs carried out, including for washing and bathing.
- Information in people's care plans was not always up to date; one person had a significant injury affecting their mobility and 13 weeks later staff had not updated the care plan. Other people who needed pressure care and were supported to be cared for in bed, had no record of re-positioning or checks of skin integrity. For one person at risk of malnutrition, there were no clear records of what they had eaten and the amounts.
- People told us staff listened to them and did do tasks people wanted if asked. However, a lack of guidance in the care plans and poor recording of outcomes placed reliance of good care on people being able to speak up. The systems risked people not receiving some care needs unless staff used their initiative.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to show people were given choice and control to meet their needs and preferences. This placed people at risk of harm. This was a breach of regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded by explaining the action plan they were working towards and changes made so far. However, this has only recently been put into place and the same concerns were raised with the provider at the previous inspection.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Assessments did not support person centred care for people who were not able to easily communicate their wishes. For example, one person's care plan said they 'struggled to communicate' but did not give any further detail to guide staff about how to maximise the person's opportunity to communicate their needs, preferences and emotional support. This was a further breach of regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

End of life care and support

● Staff supported people who needed end of life care and told us the provider had booked them onto training for this soon.

● Care plans did not currently look at the additional compassionate and sensitive care needs required to support people at their end of their life. Staff told us they did not learn people's needs from the care plan but got to know the persons needs when they were with them. Staff went on to give an example of not washing a person's hair on specific days for religious reasons. Staff told us they shared this information with other staff through a closed social media group.

● The provider shared with us a new way they intended to write care plans for people receiving end of life care and support. However, the management team had not yet implemented the new approach.

Improving care quality in response to complaints or concerns

● People told us they knew how to complain and felt happy to do so. We saw that a team now managed complaints and acted on concerns. Concerns around punctuality, staff communication and appropriate support with washing had been reported to the office staff. These concerns had been acted on and quickly resolved.

● Staff understood how to support people to make a complaint. Staff had a good knowledge of how to report a complaint or concern themselves and were confident they would be listened to.

Inadequate

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 the last inspection this key question was rated as inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure systems and processes enabled the provider to have a good oversight of the business. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 17.

● The providers audit processes did not ensure adequate checks; therefore, the provider had missed issues found at this inspection. Systems did not give an oversight of trends to enable an understanding of what needed to improve. Processes in place were overly complex and confusing; office staff had to search in different areas for records related to the same person or issue. Audits of Initial assessments and care plans were not in place, and audits of daily notes did not identify areas of risk related to medicines, health care and poor record keeping.
● We found there were still areas of concern in relation to the care file documentation, medicine management, risk management, auditing systems and the nominated individuals understanding of this. The director and senior team currently managed the service while they recruited for a new manager. A new deputy manager had made some improvements in relation to training staff and understood what needed to change. The director did not understand the role of the manager or how to assess and plan for person centred care. This had inhibited the progress of improvements and this was the fifth consecutive inspection where the service has failed to meet a rating of good.

We found evidence people were at risk of being harmed. Systems were either not in place or robust enough to demonstrate clear systems and processes that enabled the provider to have oversight of the business. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the provider had failed to notify the commission of serious and significant events as required by law. This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

● We issued a fixed penalty notice against the provider due to the failure to notify the commission of serious and significant events on 16 May 2019. This was accepted and paid by the provider.
● Serious and significant events were now being reported correctly to the commission, although this has only occurred since mid-May 2019.
● The service has not had a registered manager since 14th February 2019 and is now in breach of the conditions of their registration in this area. A new deputy manager started in April and a new manager is due to join the service from 01 July 2019.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 provider was keen to provide a person-centred culture but lacked the understanding of how to deliver this. They did not understand their responsibilities to ensure people received the care they needed.
● Staff told us they were able to provide person centred care by asking people during care visits what they wanted and needed. Staff shared this information amongst other staff members but did not record it in the care plans and risk assessments.
● Staff were committed to a caring approach that attempted to meet people's range of diverse needs. People confirmed staff were kind and listened to them. However, good outcomes for people were prevented by poor record keeping and insufficient assessment and documenting of people's needs.
● Staff felt supported by the management team and gave positive feedback. People also gave positive feedback about how staff treated them. People, their relatives and staff felt able to approach office staff and the management team if needed. However, people did tell us they felt the responsiveness of the office staff needed to improve. People and relatives told us office staff did not always get back to them or pass on information.
● The provider did now comply with their responsibilities for duty of candour by displaying the rating from their most recent inspection and sending us notifications when required to do so.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider told us they sent out regular surveys to people to gage their views of the care. However, almost all people and their relatives told us they had not received a survey. The provider did show evidence of regular telephone calls to people to seek their views and check for any concerns. These had been recorded and concerns acted upon.
● Staff told us the provider consulted with them for their views and they could contribute to regular team meetings and present ideas.
● The provider sent out newsletters quarterly to people and staff to update them on changes to staff and the latest new about the service.

Continuous learning and improving care
● The provider had made some effort to improve the service. They had made improvements in relation to sharing lessons learnt about what needed to improve and being open with the Care Quality Commission, the local authority and staff teams. Also, in relation to holding regular team meetings with minutes and developing staff skills and knowledge in some areas. However, a lot of the shortfalls raised in recent inspections around person centred and safe care were still evident at this inspection.
● Systems to check the quality and safety of the service were insufficient. Without proper auditing systems

to enable the monitoring of trends, themes and analysis of incidents, true continuous learning could not take place. The provider had, in conjunction the local authority, put an action plan for improvement in place. The provider was working toward achieving these actions. However, it was clear from the late implementation of the plan and insufficient improvements made so far, they did not understand how to do this.

Working in partnership with others

- The provider worked in close partnership with the local authority, local hospital and other continuing health care teams. Whilst these other services were supporting the provider to improve services delivered to people this had not resulted in the provider making the changes needed.