

Review of compliance

Apex Companions Limited Apex Care	
Region:	South East
Location address:	Unit 22 Brambles Business Centre Hussar Court Waterlooville Hampshire PO7 7SG
Type of service:	Domiciliary care service
Date of Publication:	October 2012
Overview of the service:	Apex care is a domiciliary care agency who are registered with the Care Quality Commission to provide the Regulated Activity Personal Care. The registered provider is Apex Companions Limited.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Apex Care was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 19 September 2012, checked the provider's records, talked to staff and talked to people who use services.

What people told us

We spoke to six people who used the agency and three relatives of people who used the agency. All of the people we spoke to were happy with the service that the agency provided. People told us that that the staff who supported them were normally punctual and stayed the correct length of time. They said staff were friendly and cheerful and always treated them with dignity and respect.

One person told us. "They are my lifeline. I could not do without them". Other comments from people included: " The staff who support me are very good, I can not fault them." "The staff always have a smile and are friendly and cheerful"

None of the people we spoke with had made any complaints but they all said that they were aware of how to complain and were confident that any complaints would be dealt with appropriately.

We spoke with six members of staff. They said that they were well supported by the agency and that they were provided with the training and information they needed to support people effectively.

What we found about the standards we reviewed and how well Apex Care was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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

The provider was meeting this standard.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

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

The provider was meeting this standard.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider was meeting this standard.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

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

The provider was meeting this standard.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

There were enough qualified skilled and experienced staff to meet people's needs.

The provider was meeting this standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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

The provider was meeting this standard.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People who we spoke with told us the staff treated them well and that they were kind and caring. Each person we spoke with said that their privacy and dignity was always respected.

Other evidence

People who used the service were given appropriate information and support regarding their care and treatment. The manager told us that at the first visit people were given a copy of the agency's Statement of Purpose and service user guide. These gave details about the agency's aims and objectives together with information about the services provided by the agency.

We were told that initial assessments were carried out by the manager, one of the care co-ordinators or a senior carer. The assessments were carried out with the person concerned and/or their representative and if necessary changes were made, where appropriate to enable people to be involved in decision making. The assessment included information on the number and times of care calls together with information about the individual person and their needs. This meant that people were able to express their views and were involved in making decisions about their care and treatment.

Each person had an individualised care plan. These included reference to the individual's preferences and wishes as well as their care needs.

Staff told us that they had received training with regard to equality and diversity. They told us people were encouraged to make their wishes known and said that people were treated as individuals. They said that people were listened to and their privacy and dignity was always respected.

The manager told us that all staff were issued with a staff handbook and this gave information about what was expected of them. The staff handbook had information about equality and diversity and information about the need for confidentiality.

Our judgement

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

The provider was meeting this standard.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

Each person we spoke with told us that they knew that they had a plan of care and that staff used this to give them the support they needed.

Relatives of people told us that their family members were well supported by staff to receive the care they needed.

Two people told us that they had experienced some problems with the timing of care calls but said the agency was working with them to agree suitable times for care visits.

Other evidence

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at plans of care for four people. These gave information for staff about what tasks carers should perform at each visit

Care plans contained information about the support needs of individuals. We saw information about what the person could do for themselves and about the help and support that was required. We saw good information for staff on how people wanted to be supported. Care plans seen were signed by the person receiving care or their representative.

All of the care plans seen contained risk assessments and these gave information about the individual risk, the level of risk, who was at risk and how any risk could be minimised.

We looked at how staff recorded information about their visit. We saw that staff recorded the time they arrived and the time they left each person's home. Records included information about the tasks they carried out and how people were supported. These were well recorded and provided evidence of care delivery. These records were signed and dated by the staff member completing them.

We saw evidence in care folders that the agency completed reviews to ensure that people were happy with the care they received and that their needs had not changed. This meant that care and treatment was planned and delivered in a way that ensured people's safety and welfare.

We looked at how care calls were allocated to care staff. We spoke to the manager who told us that the agency's computer system was used to plan care calls. The system flagged up any care calls that were not allocated. The agency used a computer system that monitored care calls. Staff logged on when they arrived at a person's home and logged out when they left. This helped to ensure that staff arrived punctually and stayed the correct length of time. The system also alerted the agency if staff did not arrive within a specific time-slot ensuring that prompt action could be taken so that people were not left without care. This meant that people could be confident that visits would not be missed.

The manager told us that each staff member is given a weekly rota on a Friday each week. This rota detailed the calls that care staff were expected to carry out the following week. Staff were asked to notify the office if there were any problems with the rota and if necessary adjustments were made. Staff told us that this system worked well for them and that any problems were quickly sorted out.

One of the staff members we spoke with said that they were not given time to travel between care calls. However they said their care calls were quite close and this did not present any great difficulties.

Our judgement

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

The provider was meeting this standard.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We spoke with six people who used the service and they told us that they felt safe and had no concerns about the staff who supported them. They said that staff treated them well.

We also spoke with the relatives of three people and they all told us that they had no concerns and that their partner was safe and well supported. They also said that they were confident that the agency would deal with any issues appropriately.

Other evidence

The agency responded appropriately to any allegation of abuse. We saw that the agency had access to an up to date copy of the local authority's safeguarding procedures on line. Information about protecting vulnerable people was included in the staff handbook. The manager told us that she would always follow the local authority procedures. The manager also told us that safeguarding incidents would always be reported to the local safeguarding team.

Staff we spoke with demonstrated that they knew what to do if they suspected any form of abuse and knew how to report a safeguarding incident within the service. We were told by the manager that all staff had undertaken safeguarding training as part of their induction and staff knew to follow the procedures at all times. Staff spoken with were able to confirm this.

People who used the service were protected from the risk of abuse, because the

provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The agency had a whistle blowing policy and also a policy for staff regarding gifts. Staff were aware of these policies and understood that they must not accept gifts or make any financial benefit from people. This meant that people were suitably protected.

We were told by the manager that there were policies and procedures in place regarding the safety of people's money and property. We saw that there was a clear procedure for recording any financial transactions and receipts were provided to allow for a clear audit trail.

Our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider was meeting this standard.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

We spoke to people who used the service but their feedback did not relate to this standard.

Other evidence

Appropriate checks were undertaken before staff began work. The manager told us that the agency operated a robust recruitment process. We were told all applicants were required to complete an application form and were subject to a face to face interview. On completion of the interview successful applicants were required to provide the details for two references (one from the most recent employer). A Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) checks were also carried out before they started work with the agency.

We looked at the recruitment files for four people. Staff recruitment records were kept on the agency's computer system and copies of documents were scanned into files. Hard copies of recruitment documents were kept at the head office and were available for inspection on request. Computer files contained copies of the application form, two references, proof of identity, interview questions and answers, photograph, passport and proof of qualifications and eligibility to work in the UK (if applicable).

Staff spoken with told us that they had to wait for their CRB to come back before they could start work and records seen confirmed this. Staff described their recruitment as thorough.

Our judgement

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

The provider was meeting this standard.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

People we spoke with were all positive about the staff the agency sends to care for them. People stated that they generally have the same staff and know who is coming to support them.

Other evidence

During the visit to the agencies office we spoke to the manager, two of the care co-ordinators and one of the organisations training team.

The manager explained the call rostering computer system that was used and said that this should ensure that all care calls were covered. The system alerts the office if anyone was more than 20 minutes late for a care call and the office staff then contacted the carer concerned and if necessary they would arrange for another carer to call. The office staff would also let the person know the reason for staff running late and inform them of who would be calling to support them and at what time.

There were enough qualified skilled and experienced staff to meet people's needs. The agency currently supported 32 people for a total of 293 hours per week. There were 10 full time and four part time staff who worked flexibly to cover the care hours required.

Care staff told us that they had regular people they visited and that the calls were all in the same area and this avoided any long distance travel between care calls. They said that there was good communication between carers and the office staff and that if there were any problems when they received their list of weekly care calls the office staff

quickly sorted these out.

The manager explained to us how the service operated outside office hours. The on call system provided support and advice to carers and also organised cover for any missed calls.

Our judgement

There were enough qualified skilled and experienced staff to meet people's needs.

The provider was meeting this standard.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

We spoke with six people and they told us that the staff were knowledgeable and knew how to support them. People told us that they had no concerns about the staff who supported them and said staff were kind and caring.

We also spoke with the relatives of three people. All were happy with the support their relatives received. One person told us: "Staff were very good, they arrived on time and knew how to support my wife/husband to meet his/her needs".

Other evidence

Staff received appropriate professional development. The manager told us that staff received support through one to one supervision, appraisal and staff meetings. Supervision included observation of staff undertaking care duties. Staff we spoke with confirmed that they were supported to undertake their roles and responsibilities. We were told that the training they received enabled them to carry out their roles effectively. They also expressed the view that communication was good between staff and management. All of the staff told us they had a good relationship with the agency's manager.

The agency had a five day induction and training programme that staff had to complete before they were able to go out and support people. This included training in: moving and handling, safeguarding, food hygiene, health and safety, fire, principles of care, dementia awareness, first aid and medication. On completion of the five day induction staff were given a work book, which they were expected to complete within the first three months of service. Additional training was also provided as required to enable

staff to support people. This training included; catheter care, peg feeds and stoma care. The training co-ordinator told us that training was also organised to cover specific conditions for people. This meant that staff had access to training that enabled them to meet people's assessed needs.

Staff training was generally provided 'in-house', however, if necessary outside training organisations were used. Staff received a certificate when any training was completed.

A training matrix was held on the computer system and this enabled easy monitoring of the training staff had undertaken and also identified when refresher training was required.

Staff were able from time to time, to obtain further qualifications. A number of staff had also completed a National Vocational Qualification (NVQ) at levels 2 and 3. We also saw that some staff were completing training in the Skills for Care diplomas.

All staff were issued with a staff handbook and this gave information on standards of conduct and performance, together with a number of policies and procedures.

Our judgement

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People told us that the agency asked them for their views on the service it provided. They said that they were contacted by phone and also had face to face meetings during monitoring visits. People said they completed quality assurance questionnaires from time to time.

Other evidence

We asked the manager about systems that were in place for monitoring of the quality of service provided by the agency. She told us that the agency had a quality policy and procedure and we were able to see a copy of this.

People who used the service, their representatives and staff were asked for their views about the care and treatment provided by the agency. The manager told us that views were obtained through individual care and support reviews, annual surveys, monitoring visits, unannounced spot checks on carer workers, staff supervision, annual appraisal and team meetings. Staff and people we spoke with confirmed this.

The manager also told us that the provider sent out quality assurance questionnaires to people annually. We were told that returned surveys were collated and the agency was informed of the results. The manager said any issues or concerns on any returned questionnaires would be considered and action taken to address issues raised.

We saw that one returned questionnaire had asked for the timings of their care calls to be adjusted. This was because the person was an early riser and liked to go to bed

early. The manager was able to show us how the timings had been altered to meet this person's preference. This meant that the provider took account of comments to improve the service for people.

Our judgement

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

The provider was meeting this standard.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
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