M JACKSON (LIVERPOOL) LTD

Apollo Care (East) Liverpool

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection of Apollo Care (East) took place on 28 February for the site visit, and phone calls were made to people and staff on 1 & 2 March 2018.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. Apollo Care is part of a larger franchise group of the same name but registered under different legal entities. In this case, M Jackson was the legal entity (registered provider) of Apollo Care (East).

At the time of our inspection the service was providing care and support to nine people. There were seven staff employed at the service.

Not everyone using Apollo Care East receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

A registered manager was in post.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Everyone we spoke with told us that the service was safe.

We looked at the rota system the service had in place. We saw that there were enough staff employed by the service to cover all of the contracted hours.

Staff were able to describe what course of action they would take if they felt someone was being harmed or mistreated in any way. There was a safeguarding policy in place which all staff had signed, and training records showed staff had been trained in this area. Staff also explained the whistleblowing procedure and how they would enforce this if they needed to.

The registered manager was able to evidence that they were routinely learning from their own -practice and used this as an opportunity to improve.

There was a process in place to check and analyse incidents and accidents.

Risk assessments were clear and concise and contained information regarding how to manage risks appropriately.

We viewed medication administration records (MAR) sheets for some people who were having their medicines administered by staff, and saw they were accurate and complete. Staff were trained in medication administration, and were subject to regular spot checks conducted by the office manager as part of supervision processes. This was to help ensure staff were competent with regards to administering medicines.

Staff were recruited safely and checks were carried out on staff before they started work at the organisation to ensure they were suitable to work with vulnerable people.

Staff were supplied with personal protective equipment (PPE). This included gloves, aprons and hand sanitizer. Staff we spoke with told us they were always able to ask for more PPE when needed. Staff had completed infection control and prevention training, and understood the importance of reporting outbreaks of flu and vomiting to the registered manager, so they could cover their work to prevent the spread of infection.

The registered manager and the staff understood the principles of the Mental Capacity Act 2005 and associated legislation.

People were supported as part of their assessed care needs with eating and drinking, and staff documented what people ate and drank to ensure they were getting access to adequate nutrition and hydration.

Staff supported people to access other healthcare professionals such as GP's and District Nurses if they felt unwell.

Staff completed an induction as well as other training courses selected by the registered provider to enable them to have the skills needed to complete their role. These ranged from basic training courses required by the provider and end of life care. We saw that more complex individualised care, such as for people who had brain injuries, was sourced separately.

All staff had been supervised regularly.

People told us they liked the staff who supported them, and spoke positively about them.

Staff we spoke with described how they provided diverse and dignified support to people.

Care plans contained a high level of person centred information. By 'person centred' we mean the service was tailored to meet the needs of the person, and not the service. Care plans, with regard to people's preferred routines and personal preferences were well documented and plainly written to enable staff to gain a good understanding of the person they were supporting.

There was a complaints procedure in place and people told us they knew how to complain.

Quality assurance procedures were robust, and regular audits in medication and care planning were completed. Regular team meetings took place, and routine feedback was gathered from people who used the service either over the telephone or face to face.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were enough staff employed at the service to fulfil the hours contracted.

Medications were managed safely by staff who were trained to do so.

There was a process in place to ensure staff were safely recruited to work with vulnerable people.

Staff explained what action they would take in relation to safeguarding vulnerable people who they cared for.

Is the service effective?

Good

The service was effective.

The staff had the correct training to reflect their roles.

Staff received regular supervision and annual appraisals.

People were supported to eat and drink appropriately.

The service was working in accordance with the principles of the Mental Capacity Act and associated legislation

Is the service caring?

Good

The service was caring.

People said that staff were kind and caring.

People and their families confirmed that they had been involved in care planning.

There was advocacy information available for people who required this type of support.

Is the service responsive?

Good

The service was responsive.

People received care which was right for them, which took into account their backgrounds, needs and wishes.

Complaints were appropriately responded to and documented in line with the service's policies and procedures.

People were supported sensitively with arrangements for end of life care.

Is the service well-led?

Good

The service was well-led.

The registered manager was aware of their role and had reported all incidents to the commission as required.

People and staff told us they liked the registered manager and the office manager.

There was regular auditing taking place of care files, medication and other documentation relating to the running of the service.

Apollo Care (East) Liverpool

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 February 2018 and was announced.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 28 February 2018 and ended on 2 March 2018. It included phone calls to people who used the service and staff. We visited the office location on 28 February 2018 to see the manager and office staff; and to review care records and policies and procedures.

The inspection was conducted by an adult social care inspector and an expert by experience who has expertise in care at home services.

During this inspection we spoke to three staff members and four people using the service and their relatives by telephone. We contacted two health and social care professionals after our inspection to ask for feedback. We also spoke with the office manager and the registered manager. We viewed the care records for three people, and checked five staff recruitment files. We looked at other documentation the service had in place.

Good

Is the service safe?

Our findings

Everyone we spoke with said they felt safe receiving a service from Apollo Care. One person said that they felt safe because, "The office manager visits and will always ask if we are happy with the service provided". Other people we spoke with said 'yes' when we asked them if they felt safe.

Staff were able to explain the course of action that they would take if they felt someone was being harmed or abused, this was reflected in the organisations safeguarding policy. Staff we spoke with also said they would 'whistle blow' to external organisations such as CQC if they felt they needed to. Staff had received training in safeguarding.

Medication was well managed. All staff had received training by a competent person in the administration of medication and additionally received annual updates and competency refreshers. We viewed a sample of MAR (Medication Administration Records) which were completed accurately by staff and had been audited by the service.

We looked at how rotas and calls were managed by the service. We viewed a selection of rotas for staff and saw that call times were adequately spaced, with enough travel time in between calls for staff. This meant that the service was ensuring that staff were on time for their calls. Staff we spoke with told us that they were happy with their rotas.

We discussed the procedure for Electronic Call Monitoring (ECM). ECM is a technology where carers 'sign in' to their calls either using a smartphone or the persons home telephone. This then alerts the office or out of hours on call that a carer had attended that call and it helped to avoid missed visits from occurring. The service had an effective ECM system in place, which was monitored out of hours by the on call personnel.

Risks to people's health and wellbeing were appropriately assessed and measures were put in place for staff to follow to support people to remain safe. We saw risk assessments in relation to nutrition, medication, falls and the environment. For example, we saw that one person required specific support to enable them to transfer from one place to the other. The risk assessment clearly explained what staff needed to do in order to minimise the risk.

The registered manager informed us that they were in the process of adding more information to some of their risk assessments to make them specifically tailored to that particular person. The registered manager told us that they had recently audited the service, and found some risk assessments more detailed than others, and they wanted each person's risk assessment to be unique to them.

There was a process in place to record, monitor and analyse incidents and accidents, which included an explanation of why the incident occurred and any remedial measures put in place as a result of this. This meant that the service was able to identify patterns and trends from looking at specific incidents.

Staff were recruited safely and satisfactory checks were made on staff before they started work. These

checks included two references and a DBS check [disclosure and barring service.] This is a check that new employers request for potential new staff members as part of their assessment for suitability for working with vulnerable people.

As staff were expected to carry out their duties in people's own homes we asked the registered manager how they ensured the staff had a safe environment to work in. We saw that an environmental risk assessment was completed for each person's home the staff visited, including any parking restrictions, distances staff were required to walk to the person's home and any hazards in the home, such as damaged flooring or pets.

Staff were supplied with personal protective equipment (PPE). This included gloves, aprons and hand sanitizer. Staff we spoke with told us they were always able to ask for more PPE when needed. Staff had completed infection control and prevention training, and understood the importance of reporting outbreaks of flu and vomiting to the registered manager, so they could cover their work so as not to spread the infection.

Good

Is the service effective?

Our findings

People we spoke with told us they were supported by staff who had good training and skills.

We viewed the training matrix. Training was a mixture of e-learning and practical sessions, for manual handling and medication. When additional training was needed, for example, to support people with acquired brain injuries, this was sourced separately.

Staff were also required to complete a competency assessment to ensure they were able to administer medication, this was signed by a senior member of staff. We checked certificates for staff training courses attended against the training matrix and found that the dates matched for the courses attended. This meant that staff training was up to date. New staff were inducted in accordance with the principles of the Care Certificate. The Care Certificate requires staff to complete a programme of learning and have their competency assessed before working independently. Staff attended formal supervisions every three months and received an annual appraisal.

We saw that new staff were subject to extra shadowing and supervisions. The registered manager informed us that this was because they wanted to ensure new staff felt supported. The registered manager said it was important for them to 'retain' good staff and ensure they felt well supported so they would not leave the company. Staff we spoke with confirmed they received plenty of supervisions and support.

We saw that people had been pre-assessed before their care package commenced. This involved the registered manager meeting people in their homes prior to the care package being put into place to look at what support they needed. People's care plans were completed in accordance with their diverse needs and preferences. For example, one person's care plan focused mainly on their support around personal care, while someone else's focused on community access.

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. We checked to see whether the service was working within the principles of the MCA. We found that care and support was provided in line with people's best interests which was assessed/determined if they could not consent to the care and support themselves. Care plans were signed by the person themselves or a family member who was legally able to do this.

People told us they were supported with their meals by staff, and raised no concern over this. Staff we spoke with told us they completed paperwork in some people's homes to document what they had to eat or drink daily.

People we spoke with said staff will offer to call the GP on their behalf if they felt unwell. Each person had contact details for their GP and pharmacy in the front of their care plan. This meant that staff were supporting people with their medical needs and appointments when needed.

Good

Is the service caring?

Our findings

Family members and people who used the service were complimentary about the support provided. They told us that the care they received was of 'excellent' standard. Someone else also said that "Staff have never missed to call on them and that they always turn up on time." One family member said "They even help me out with my chores". The health and social care professional we spoke with told us that the service was 'brilliant' and the staff were 'fantastic.'

We asked people about the need to respect privacy and dignity. People told us that staff respected their right to privacy and were mindful of this when providing personal care.

Staff we spoke with spent time talking fondly about the people they supported and said they enjoyed their jobs. Staff told us that they enjoyed providing support to people and were able to explain how they involved people in making decisions about their day-to-day care and support. It was clear from discussions that staff knew the people they supported well. When we spoke with staff they described the person and their needs in detailed, positive terms. We asked the staff how they provided dignified and diverse care to people. One staff member told us they always knock on doors and say who it is before entering the person's home.

Care plans evidenced that people had been involved in discussions and changes to their care needs. This was because they were signed by people's family members were legally allowed to do so, or via a best interest process where other family members or friends had been consulted in the person's decision making. One person told us, "I am involved in my care plan."

For people who had no family or friends to represent them contact details for a local advocacy service were made known to them via signposting from Apollo Care. There was no one accessing these services at the time of our inspection.

Each care record contained a section which addressed choice and control. People or their relatives had signed the documents to say that they agreed with the contents. People were clear that they had choices regarding how and when support was given. For example, one care record outlined how the person required specific support to wash and dress themselves independently with some help from staff.

Good

Is the service responsive?

Our findings

Care plans viewed contained details about people's likes, dislikes and routines. For example, in addition to the task being outlined, which the carer must complete for the person while visiting them, there was additional information. This information described how the person liked to be supported. For example, we saw for one person, living with dementia, the service had put a 'companionship day' in place. This is a separate three hours session where the staff spend time going through old photographs, encouraging conversations and watching films. The office manager said, "This is really important to that person, and it helps them remember and encourages them not to feel lonely."

Another person had a mental health condition which they required support with. The registered manager had enrolled staff on a 12 week course to help them gauge a better understanding of mental health conditions so they could support the person with more confidence.

The office manager had implemented additional communication books for some people to enable staff to make more detailed notes on sharing support ideas so the person was not getting support which was repetitive. This shows that the service is taking time to get to know people, and encouraging staff to support them in a way which they were comfortable with.

Staff were trained in end of life care. People were supported to remain at home if they wished, supported by staff and other medical professionals. People had information in their care plans regarding what arrangements would be needed to be made in the event of their death. The service had recorded and responded to people's deaths appropriately and sensitively.

People told us they were routinely listened to and the service responded to their needs and concerns. One person said, "I have confidence in Apollo."

People and their relatives told us they were aware of how to make a complaint and they would have no problem in raising any issues. The complaints and comments that had been made had been recorded and addressed in line with the complaints policy. We checked some recent logged complaints and saw they had been responded to in line with the provider's procedures. The policy contained details of the Local Authorities safeguarding procedures as well as the contact details for the Local Government Ombudsman (LGO) if people wished to escalate their complaint.

There were numerous compliment letters and emails from family members and health and social care professionals thanking the service for hard work and dedication. One family member had wrote, "Since you have begun caring for my parents, their standard of life has improved immensely."

Good

Is the service well-led?

Our findings

There was a registered manager in post who was also the provider.

Staff we spoke with told us they liked the registered manager and enjoyed working for Apollo care in general. One staff member said, "They are really lovely." People we spoke with confirmed that they knew who the registered manager was and they often came out to see them.

The culture of the service was person centred and the registered manager and the office manager clearly led by example and were proud of the service. Staff we spoke with shared this pride and spoke enthusiastically about work and their relationships with people.

The service had policies and guidance for staff to follow. For example, safeguarding, whistle blowing, compassion, dignity, independence, respect, equality and safety. Staff were aware of these policies and their roles within them.

The registered manager understood their responsibility and had sent all of the statutory notifications that were required to be submitted to us for any incidents or changes that affected the service.

We looked at the quality assurance systems and processes to monitor how the service was operating and to drive forward improvements. A range of audits and checks were undertaken. The registered manger completed a management audit each month. The checks included care files, staff training and medication. The office manager completed medication audits in people's homes each month. We checked these audits over the last few months and saw that where errors had been highlighted they had been promptly followed by robust action plans for the care staff to follow. Completed MAR charts were checked by the office manager when they were returned to the office.

The registered manager also told us they would be the person on call out of hours and staff had been made aware of this. This meant that staff would know who to contact if they required support during these times.

Every three months quality assurances surveys were sent to people using the service and their responses were collected. The responses were analysed to identify further areas of improvement. We saw that all responses had been positive.