

Apollo Care (Wirral) Ltd

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Inspection report

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Date of inspection visit:
18 December 2018

Date of publication:
17 January 2019

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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

About the service: Apollo Care (Wirral) is a domiciliary care agency providing personal care support to people in their own homes. The service was supporting 31 people with a regulated activity (personal care), at the time of the inspection.

People's experience of using this service:

Safe recruitment practices had been followed, however records required improvement to clearly reflect this. We have made a recommendation about staff recruitment.

Sufficient numbers of staff had been recruited. People told us staff usually arrived at the time they expected them and stayed for the contracted amount of time.

People told us they received safe care. Staff were knowledgeable about safeguarding procedures and how to raise any concerns they had. Risks to people had been assessed and measures put in place to reduce these risks.

Medicines were managed safely and staff completed training regarding this.

People's nutritional needs were known and met by staff. People told us they always received their choice of food and enjoyed the meals prepared for them.

Staff felt well supported in their role and able to raise any issues with senior staff and the registered manager. Regular training had been completed by staff and they received supervisions and an annual appraisal to further support them in their posts.

The Service worked with other professionals and agencies to help ensure people's needs were met effectively. Advice provided was clearly recorded and followed by staff.

Consent to care and treatment was sought in line with the principles of the Mental Capacity Act 2005. People told us staff always asked for their consent before providing support.

People told us staff were kind and caring and that their dignity was protected by staff. This was also reflected within the responses to surveys and within the compliment cards displayed in the office. People usually received support from the same carers and staff told us they knew the people they supported well, including their needs and preferences.

Care plans reflected people's needs, however there was limited person-centred information recorded within them. The registered manager was aware of this and had begun updating and improving the plans of care. The care files had been reviewed regularly and people were involved in these reviews.

Systems were in place to gather feedback from people regarding the service and action was taken to improve the service, based on the feedback. The registered manager also completed regular audits and addressed any areas identified as requiring improvement in order to improve the service provided to people.

Rating at last inspection: Good (Last report published July 2016).

Why we inspected: This was a scheduled inspection based on previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Apollo Care (Wirral) Limited

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.

Inspection team: The inspection was undertaken by two adult social care inspectors.

Service and service type: Apollo Care (Wirral) is a domiciliary care agency providing personal care support to people in their own homes.

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

Notice of inspection: We gave the service 24 hours' notice of the inspection visit because it is small and we needed to be sure that someone would be available.

Inspection site visit activity started on 18 December 2018 and ended on 19 December 2018. It included a visit to the registered location, telephone calls to people receiving support from the service and feedback from staff through telephone calls and emails. We visited the office location on 18 December 2018 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service to gain their views.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used all this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered manager, four people using the service and received feedback from six other members of staff.

We looked at three people's care files, three staff recruitment records, medicine administration charts and other records relevant to the quality monitoring of the service.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing levels and recruitment

- People told us staff usually arrived at the time they expected them, but if they were running late, they would be informed.
- Staff were allocated travel time between their scheduled visits to ensure they spent the full amount of time with people, that they were contracted to.
- Staff told us they regularly supported the same people and had sufficient time to travel to each person.
- Staff files showed criminal record checks (Disclosure Barring Service checks) had been completed and appropriate references received when staff were recruited. Not all files contained information regarding people's full employment history, although the manager was able to explain these gaps. The registered manager told us they would review and update all staff records regarding this.
- Records did not always accurately reflect dates people were recruited to ensure all checks were made prior to this date. However, the registered manager could evidence that staff did not start work until all checks had been completed.

We recommend that the registered provider reviews and updates in practices to ensure records clearly reflect all safe recruitment practices.

Safeguarding systems and processes

- Staff had received safeguarding training and a policy was in place to guide them. Staff were aware how to raise any concerns they had.
- The registered manager was aware of safeguarding procedures and maintained a log of any referrals made.
- A whistleblowing policy was in place and staff were aware of the procedures to follow with regards to this.

Assessing risk, safety monitoring and management

- Individual risks to people had been assessed, such as those relating to fire and moving and handling. Records showed that measures were in place to mitigate those risks. Care records provided clear information about risks and how staff should support people to help ensure they remained safe from avoidable harm.
- Risks to the environment had also been assessed to help ensure staff providing support to people worked in a safe environment.
- People told us they felt safe when staff were in their home.
- People had contact details for the service and told us they could make contact at any time. An on-call system was in place to ensure advice and support was available to people out of hours.
- Information regarding people using the service, such as access codes to their homes, were kept confidential to help ensure people's safety.

- Staff told us people's safety was "Paramount." Examples of maintaining safety included, ensuring equipment was fit for use, that people's homes were secured when they left and making sure people were wearing their fall sensor alarms if needed.
- Staff members knew what action to take in the event of an emergency when they were working within people's homes.

Using medicines safely

- There were procedures in place to support the safe administration of medicines. There was a medication policy which covered the process staff needed to follow and risk assessments had been completed in relation to medicines management.
- Staff had received medicine training and had a policy in place to guide them in their role.
- Records showed that staff were observed in practice regularly. The registered manager told us these observations included the administration of medicines, to ensure staff competence. This was not specifically referred to within the tool used to record the observations and the registered manager agreed to update the tool used.
- When staff supported people with medicines, records of administration were maintained and we saw that all but one had been completed accurately.

Preventing and controlling infection

- Staff had access to gloves and aprons to help prevent the spread of infection.
- Records showed that staff had completed infection control training and had a policy in place to inform them of best practice and legislation.

Learning lessons when things go wrong

- A system was in place to record any accidents or incidents. The registered manager told us they would review any incident that occurred to see if any changes could be made to prevent recurrence.
- The registered manager described how they had made changes to ensure lessons were learnt and the service improved.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to support commencing, to ensure staff could effectively meet these needs.
- Detailed plans of care were developed based on initial assessments, as well as assessments provided by other health and social care professionals.
- Plans of care were reviewed regularly to help ensure they remained current and effective.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.
- The registered manager told us they received the monthly newsletters published by the Commission and used these to develop the service, ensuring best practice and current standards were being followed. For instance, they used the information from one newsletter to develop a new care plan for people, based on the requirements of the Accessible Information Standard. This standard helps to ensure people's needs in relation to communication, are assessed and met by services.

Staff skills, knowledge and experience

- Staff were competent, knowledgeable and skilled and carried out their roles effectively.
- People told us they felt staff were well trained and this was also reflected within the surveys people completed. Staff told us they had sufficient training to enable them to meet people's needs.
- New staff received an induction and effective support when they started work at the service. Staff had access to ongoing training relevant to their roles.
- Staff told us they were supported in their role. Records showed that they received regular supervisions and an annual appraisal.

Supporting people to eat and drink enough with choice in a balanced diet

- Care plans recorded when people required support preparing food and drinks and whether they had any specific dietary requirements.
- People told us they were happy with the meals provided by staff, that they were well prepared and always their choice. One person told us, "They don't let me go hungry."
- Records showed that staff had completed training in relation to nutrition and hydration.

Supporting people to live healthier lives, access healthcare services and support

- The service worked with other health and social care professionals to help ensure people's healthcare needs were met.
- When other health and social care professionals were involved in people's care, this was recorded within

their care files so all staff knew how the person should be best supported.

- Care files contained a completed transfer form to enable people's details to be shared with other professionals, such as hospital staff.
- Staff told us they would report any concerns regarding people's health to the registered manager, so they could liaise with family or the person's GP if appropriate.
- The registered manager told us that when necessary, staff supported people to attend medical appointments.

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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In the community any restrictions need to be referred to the Court of Protection for authorisations.

- The registered manager was knowledgeable regarding the MCA and what they needed to do if they felt they were being restricted and required a referral to the Court of Protection.
- Records showed that people had consented to their plan of care. They had also signed to agree to CQC reviewing their care plans and to have access to their contact details.
- When an authorised Power of Attorney was in place for people, the registered manager held copies of this to help ensure relevant people were involved in decision making when needed.
- Staff had received training and had a good understanding of the MCA. Staff told us they always asked for people's consent before providing care and people confirmed this.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People told us staff were kind and caring and treated them with respect. Their comments included, "They are very friendly", "Nice staff", "Girls are nice", "Very caring" and "Nice, pleasant people."
- The service received thank you cards from people and their relatives. These cards clearly showed that people thought staff were caring and compassionate. Comments included, "You have all been kind, caring, supportive, thoughtful and shown much compassion" and "With much appreciation and heartfelt thanks for all the love, attention and help you gave to [person]. We know that all staff went the extra mile. It gave us great peace of mind to know he was in such good hands."
- Staff understood how to effectively communicate with people. They knew when people required additional support due to hearing or visual impairment. Care plans had been developed to reflect this.
- Most people told us they usually received support from the same staff who knew them well.
- Staff told us they worked with the same people and knew their needs and preferences in relation to their care. This knowledge was used to develop care plans that reflected support that people wanted and needed.
- Care plans reflected people's basic preferences, such as their preferred name and this was being developed further by the registered manager.
- Staff spoke warmly about the people they supported and language they used in records about people was respectful.
- The registered manager told us about specific examples of how staff had gone above and beyond what was expected of them to ensure people were happy and that their needs were met. The service also provided additional support to people, such as purchasing a freezer for one person, to help support their nutritional needs.
- The registered manager told us staff prepared and delivered Christmas dinners on Christmas day, to people who spent the day alone.

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

- Records showed that people were involved in regular reviews of their care. Reviews covered each aspect of the plan of care and assessed whether any improvements could be made. The reviews also included clear feedback from the person about how they thought the service was performing.
- Feedback regarding the service was also requested via surveys. Records showed that nine had been completed in 2018 and feedback was positive. The feedback showed that staff listened to people to improve their care and that people felt their needs and preferences were met.
- People told us they felt confident to be able to raise any concerns they had with staff or the registered manager and that they would be dealt with.

Respecting and promoting people's privacy, dignity and independence

- The service's statement of purpose stated that they aimed to, "Provide individualised, holistic care to individuals in the community who wish to remain in their own homes."
- Staff told us they encouraged people to do as much for themselves as possible in order to maintain their independence.
- People told us staff were respectful when providing care and that their dignity was always maintained.
- Staff gave clear examples of how they protected people's dignity whilst providing care and told us they discussed all aspects of care with people. One staff member told us they always used a person-centred approach and involved people in their own care.
- Records containing people's personal information were stored securely.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery.

How people's needs are met

Personalised care

- People's individual needs had been assessed and care plans developed to meet those needs.
- Care plans were detailed regarding the support people required and reviewed regularly. They included outcomes for each area of support required and how these outcomes were to be achieved.
- We found however, that information regarding people's preferences was limited. We discussed this with the registered manager who told us they were aware of this. They showed us the most recently developed plan of care, which was much more person centred. The manager planned to update care plans for all people so that they were more personalised
- Care plans were kept in their homes so that people, staff and other relevant health and social care professionals had easy access them.
- Staff completed daily logs to record the care provided, so all staff had up to date information regarding people's care. Daily logs reflected that planned care was delivered and reviewed.
- The service was meeting the Accessible Information Standards as they assessed, recorded and shared information regarding people's communication needs. One person's plan advised staff to write information down to ensure the person had understood and another person's plan was written in large text due to their visual impairment.
- Although not responsible for providing activities, the service organised regular outings for people, such as trips to the zoo, as well as crafts for one person and support to go shopping if requested.
- People were involved in reviews of their care and comments recorded on a survey stated, "Staff listen to suggestions to improve my care."
- The service was flexible in meeting people's individual needs. For instance, one person's usual call was made earlier to enable them to be ready for a scheduled hospital appointment.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and people told us they knew how to make a complaint if needed.
- The registered manager maintained a log of any complaints and this showed that no complaints had been received since the last inspection. The registered manager told us they would use any complaints received as an opportunity to improve the service.

End of life care and support

- Although the service was not supporting anybody with end of life care at the time of the inspection, staff had undertaken training to help ensure they could support people effectively when required.
- The registered manager told us they worked with the community nurses and GP's during these times, to ensure people received appropriate care and support.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management

Provider plans and promotes person-centred, high-quality care and support

- People provided positive feedback regarding the quality of the service they received. People told us staff usually arrived on time and stayed until their needs had been met in the way they wanted.
- Staff told us they felt listened to and that the registered manager was approachable. Comments included, "There is someone available to contact 24 hours a day should we need them" and "Yes I feel it is managed to the highest standard, nothing for staff or clients is too much trouble, all our needs are met."
- Staff told us they worked well together as a team to deliver high standards of care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager and staff had a good understanding of their roles and responsibilities within the service. Staff files included job descriptions to support this.
- People told us they felt the service was managed well.
- Staff felt well supported in their roles and told us, "Our supervisors and management are very supportive of us" and "If I have a problem of any nature whether it be personal or work related I would not hesitate in calling in to the office at any time to discuss it with them, in fact we are encouraged to do so."
- The registered manager was aware of incidents that CQC should be made aware of and had submitted statutory notifications appropriately.
- The registered provider had displayed their rating within the office and on their website as required.

Engaging and involving people using the service, the public and staff

- Systems were in place to gather feedback regarding the service. These included regular surveys to gather views from people receiving support. Regular staff meetings were also held and staff were encouraged to share their views during these meetings.
- Regular reviews were undertaken with people using the service to ensure their care plans remained effective in meeting their needs.
- People could contact the service at any time as an on-call system was in place.

Continuous learning and improving care

- The registered provider had systems in place to assess and monitor the quality and safety of the service. These included audits of staff files, care plans, medicine records and daily records, as well as direct observation of staff in practice.

- These checks were diarised to help ensure they were completed regularly.
- When actions were identified through the audit system, they had been addressed to improve the service.
- The registered manager met regularly with other registered managers from Apollo services to share knowledge and help ensure care was provided in line with best practice guidance.

Working in partnership with others

- The registered manager worked closely with other agencies to ensure good outcomes for people. For example, they described how they liaised with social services to arrange an occupational health referral for one person whose mobility had deteriorated. They also worked closely with people's GP's in relation to medicines management.