

Admire Healthcare Ltd

# Apollo House

## Inspection report

Argyle House  
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03 November 2022

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Apollo House is a residential care home providing nursing and personal care to up to 61 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 56 people using the service.

Apollo House accommodates people across four separate floors, each of which has separate adapted facilities.

### People's experience of using this service and what we found

Staff knew what signs to look for to keep people safe from harm or abuse. Some staff were unsure how to follow external safeguarding and whistleblowing reporting procedures. We have made a recommendation about developing staff knowledge of external reporting processes.

The systems and processes for identifying risks to people had improved. Further improvements were required to ensure effective management of environmental risks.

Risk assessments were fully completed, and strategies identified to mitigate risks. Care plans were in place where physical intervention may be required to keep people safe, these would benefit from review to ensure they contain more detailed information about people's needs. People's healthcare needs were recorded and well managed. Records of care tasks were fully completed.

Unexplained injuries were investigated to establish the cause and to protect people from abuse and records of injuries were kept up to date with follow up information.

Medicine management had improved. People received their medicines as prescribed from trained staff.

Staffing levels were appropriate during the inspection, and people told us there were enough staff to meet their needs safely. Staff had received all of the training required to support the people living at Apollo House.

Staff felt supported within their roles and felt confident to discuss any concerns they may have with the management team.

Feedback was sought from people, relatives and staff to identify where improvements were needed. Staff, people and relatives were also offered regular meetings to share information and discuss any concerns they had.

People were protected against infections such as COVID-19. Staff followed government guidance and wore appropriate personal protective equipment (PPE). The home appeared clean. Cleaning schedules were in

place to evidence when cleaning was completed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Systems to monitor the quality and safety of the service were in place to ensure people received safe and person-centred care. These required time to be embedded in the service to ensure they were sustained and improvements continued.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 2 June 2021) and there were breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The service remains rated requires improvement. This is the second time the service has been rated requires improvement.

#### Why we inspected

This inspection was carried out to check whether the Warning Notices we previously served in relation to Regulations 12(1), 13(1) and 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. The overall rating for the service has not changed following this focussed inspection and remains requires improvement.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Apollo House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Apollo House

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by two inspectors, a specialist nursing adviser and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Apollo House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Apollo House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 26 October 2022 and ended on 3 November 2022. We visited the location on 26 and 31 October 2022.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 7 people who used the service and 1 person's relative about their experience of the care provided. We spoke with 12 members of staff including the registered manager, operations manager, clinical lead, nursing staff, care staff, administration staff, housekeeping staff and maintenance staff.

We reviewed a range of records, including 10 people's care records, multiple medicines records and 6 staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service, including quality assurance records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at care documentation, staff allocation and training data and records relating to the management of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question as requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong

At our last inspection the provider had failed to assess and mitigate the risks to the health and safety of people using the service, or take action to mitigate risks. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improvements had been made to the management and mitigation of risks. For example, people had risk assessments completed for behaviours that posed a risk to others and care plans to guide staff how to meet people's healthcare needs such as diabetes and epilepsy. This ensured staff were able to meet people's needs appropriately.
- People at risk of pressure damage were provided with appropriate support. Repositioning records were fully completed and people's pressure relieving equipment was regularly checked.
- In the main, staff followed the strategies in place to reduce risks to people. For example, when people required specific monitoring due to health conditions, this was completed in line with their care plan. However, improvement was required to the safety measures in place for the management of environmental risks. For example, we found staff did not always secure the doors to kitchenette areas, which contained items that may pose a risk to people living at the service.
- There were systems in place to ensure proper and safe use of medicines. Medicine administration records (MAR) were completed and regularly audited.
- Staff had received training to administer medicines safely. They underwent competency assessments to make sure they had the correct skills to support people with medicines.
- There were PRN (as required) medicine guidelines with details of the signs the person may show, indicating when they needed those medicines. This meant we were assured people received their medicines as prescribed.
- Systems were in place to ensure action was taken when things went wrong.
- Staff understood the accident and incident process and demonstrated good understanding of the importance of recording and reporting. Risk assessments were reviewed, and appropriate action taken in response to incidents

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure that people were protected from abuse. This was a breach of regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were consistently safeguarded from abuse. Improvements had been made to the management of incidents. Records and investigations relating to incidents such as unexplained bruising were fully completed.
- Improvements had been made to staff training in physical intervention, all staff who required it had received this training. Care plans were in place where physical intervention may be required to keep people safe, these would benefit from review to ensure they contain more detailed information where people require physical intervention from staff during personal care. We discussed this with the registered manager who agreed to review people's care plans.
- People told us they felt safe living in Apollo House. One person said, "They [staff] are all very good, can't do enough for you."
- Staff knew what signs to look for to keep people safe from harm or abuse and there were procedures and information available to support them. Some staff were unsure how to follow external safeguarding and whistleblowing reporting procedures.

We recommend the provider works with staff to increase their awareness and confidence in how to raise whistleblowing and safeguarding concerns with the appropriate authorities.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

#### Staffing and recruitment

- The provider ensured appropriate staffing arrangements were in place to meet the assessed needs of people in a timely manner. All the people we spoke with said there were enough staff to meet their needs. One person told us, "There's enough [staff] for me, it suits me alright."
- During the inspection we observed there were enough staff deployed to meet people's needs and people's call bells were answered quickly.
- People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. Staff were checked for any criminal convictions and satisfactory employment references were obtained before they started to work at the home.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of



infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider followed government COVID-19 guidance on care home visiting. Visitors were welcomed at any time and were provided with appropriate PPE.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection, systems were either not in place or robust enough to demonstrate effective oversight of the safety and quality of the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The system in place for the oversight and monitoring of people's risk assessments and care plans had been improved. People's needs in relation to falls and nutrition were fully assessed. These improvements need to be further embedded to ensure care plans contained sufficiently detailed information where physical intervention may be required to keep people safe.
- Systems and processes to manage environmental risks to people's health and safety had improved. Oversight of water temperature records ensured checks were in place to manage risks posed by hot water and legionnaires disease. Further improvements were required to ensure staff consistently followed measures in place to reduce risks from accessible kitchenette areas that contained items that may pose a risk to people living at the service.
- The systems and processes to monitor people's health needs had improved. Senior staff, reviewed incident records and carried out audits to ensure appropriate action was taken to mitigate any areas of risk identified. However, people's care was recorded on electronic and paper records, which were not always cross referenced to provide a complete record of the care provided. There was a risk this could negatively impact the continuity of people's care.
- Systems and processes to assess, monitor and improve the service were in place. We found audits were completed on all aspects of the service. For example, audits of care plans, infection control and moving and handling. Nursing staff also carried out regular audits of people's care records such as repositioning and continence care.
- Policies and procedures based on best practice guidance were in place for staff to follow. Staff spoke with confidence about the guidance they had been given in relation to supporting people with medicines and supporting people's emotional well-being and behaviours. Some staff required further support to ensure they were aware of the correct external channels for reporting safeguarding concerns and whistleblowing.

- There was a positive culture within the home. Staff told us they felt supported by the management team and felt they all worked well together to provide people's care. One member of staff told us, "The management team are approachable, they listen to concerns. I feel like they care and want to do the right thing."

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 management team were open and honest when things went wrong, they informed families and external agencies as needed.
- The provider notified the Care Quality Commission (CQC) of events they were required to by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular meetings took place for people, relatives and staff. Minutes were available for these meetings.
- The provider carried out an annual survey, results were analysed, and an action plan created to drive improvements.

Continuous learning and improving care; Working in partnership with others

- Managers and staff understood their roles and responsibilities and were committed to learning and improving care.
- The management team worked well with other partnership agencies including the local authority and healthcare services. Staff followed advice to help provide good quality care for people.
- The management team were engaged and open to the inspection process and remained open and transparent throughout.