

Kris Thompson Ltd

Apollo Care (North)

Liverpool

Inspection report

105 Boundary Street
Liverpool
Merseyside
L5 9YJ

Tel: 01514825743
Website: www.apollocare.co.uk

Date of inspection visit:
14 December 2017
19 December 2017

Date of publication:
15 February 2018

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

The inspection of Apollo Care North Liverpool took place on 14 and 19 December 2017, the inspection was announced. This is the first inspection of this location.

This service is a domiciliary care agency. It provides personal care to older adults living in their own homes in the community. Not everyone using Apollo Care North Liverpool receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; which is help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection Apollo Care North Liverpool was providing personal care to 14 people.

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. The registered manager was in the process of handing over the running of the service to a local manager who told us they were planning to register with the Care Quality Commission. At the time of our inspection the registered manager had oversight of the service.

People we spoke with were very complimentary and positive in their feedback about the care they received. One person told us their care staff were "smashing". Another person told us, "The carers have been very good". A third person told us, "I only have to mention something and it's done." One person's family member told us, "I'd fully recommend them." One person had written in feedback, 'I cannot find fault with any of my carers, they do an excellent job. Anything I ask them they do, they never refuse!'

We spoke with staff who were very passionate about their role. One staff member told us, "I love my job. I love getting up in the morning; I love the people I care for." Another staff member told us, "I've enjoyed building up relationships with people."

People told us that they received reliable care from familiar care staff who were known to them. We saw that there were enough staff members to provide people's care safely along with an on-call system in place to cover emergencies. This helped to keep people safe.

We saw that people had individualised, detailed care plans that reflected people's needs and preferences. People's choice was promoted and consent was sought before care was provided, this included people consenting to and signing their care plan. The service was provided in line with the principles of the Mental Capacity Act 2005.

We also saw that there were appropriate risk assessments providing guidance for staff on how to mitigate risks. Any accidents and incidents were recorded and responded to and reviewed by a senior member of staff for future learning and prevention. There were procedures in place to ensure that people received their medication safely.

People and their families feedback was sought during spot checks and from feedback forms. One family member had written in a recent feedback form, 'Just wanted to let you know how delightful we are with the care my mother received from your company.'

New staff had been recruited safely which helped ensure they were suitable to care for vulnerable adults. They took part in a five day induction program and shadowed a more experienced member of staff until they were confident and had been introduced to people.

Staff received appropriate training to be effective in their role; this included training in safeguarding vulnerable adults. Staff were knowledgeable about safeguarding and were confident in telling us what they would do if they suspected a person was at risk of abuse.

Staff were supported with ongoing training and refresher training, staff meetings, supervision meetings and appraisals. There were unannounced spot checks of staff practice which provided them with feedback on their work.

The local manager was known to people and it was clear that they had a positive relationship with people. People told us that they had confidence in the local manager and the service their staff provide. The registered manager and local manager had arranged for a series of checks and audits to ensure that they had oversight of the quality of the service provided to people. We saw a culture of caring and continuous improvement at the service.

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 was adequate numbers of staff to meet people's care needs safely and in a timely manner. People told us the service was reliable.

Appropriate risk assessments were in place to mitigate risks and any accidents and incidents were recorded and learnt from.

People's medication was administered safely.

Staff had been safely recruited as steps had been taken to ensure they were suitable to support vulnerable adults.

Is the service effective?

Good ●

The service was effective.

People told us their care staff knew them and were effective in meeting their needs.

Staff received support to be effective in their role. This included training, supervision meetings, staff meetings and appraisals.

The service promoted people's choice and gained their consent before providing care.

People were supported with their health needs.

Is the service caring?

Good ●

The service was caring.

People told us that the staff were kind and caring towards them. People's families praised the caring approach of staff.

Practical steps were taken by the service to look after people's welfare.

People's feedback and opinions about their service was sought.

People's personal information was respected and kept secure.

Is the service responsive?

The service was responsive.

People had individualised care plans that reflected their needs and preferences.

Care plans were regularly updated in partnership with people and reflected their changing needs and preferences.

There was a procedure in place to response to complaints.

Good ●

Is the service well-led?

The service was well-led.

People and their families told us they had confidence in the registered manager and local manager.

Staff told us of a positive, learning culture in the organisation. We saw there was a culture of continuous improvement.

People's feedback about the service was sought. There was a series of checks and audits that ensured the registered manager was aware of the quality of the service people received.

Good ●

Apollo Care (North) 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 14 and 19 December 2017 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 14 December and ended on 19 December 2017. It included visiting the office, speaking with staff and visiting people who used the service in their homes. We visited the office location on 14 December 2017 to see the managers and office staff; and to review care records and policies and procedures.

The inspection was completed by an adult social care inspector. Prior to the inspection we looked at the information we held about the service, such as notifications about events that the service is required to send to the Care Quality Commission. Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with three people who used the service and one person's family member. We spoke with the registered manager, local manager, a care co-ordinator and two care staff. We looked at the care records for five people and the files for four members of staff.

Is the service safe?

Our findings

We asked people if they felt safe with the service that they received. One person told us, "Yes, I feel safe. I know who they are [staff members], I've got to know them. They are really nice people with nice personalities." Another person told us "I feel more than safe. I'd trust my life with them. I'm very, very lucky." A third person told us, "I know all the people who come, I feel safe. They are very reliable, spot on. I couldn't possibly fault them."

Apollo Care North Liverpool has a registered manager, local manager, two care co-ordinators, two senior carers and a team of care staff. We saw that rotas were prepared in advance that made sure that each scheduled call was covered by a member of staff familiar to the person. People told us that the service they received was reliable and care staff always attended and were rarely late.

Apollo Care North Liverpool has never used agency staff; they have a senior member of staff on call and on stand-by for emergency situations. The service had sufficient staff to meet people's needs safely. One staff member showed us how the rota was sent to their phone for the following week each Friday; they told us that often it had a regular pattern of visiting the same people who they knew well. We looked at the rota and saw that calls were geographically close to each other and the rota had allowed for travel time in-between calls. The shortest call was 30 minutes and the guidance for staff was to be no more than 15 minutes either side of the call time. If they were becoming late they were to call the office to make arrangements. This helped to ensure people received reliable and timely care.

The service kept records of any accidents, incidents and near misses. We looked at these records and saw that they were detailed, thorough and that the service had learnt from these incidents and had taken appropriate responsive and preventative actions. This included working with the local authority and notifying the CQC as appropriate.

We looked at people's care files and saw that any risks had been assessed and guidance had been provided for staff. Risk assessments included risks when moving, environmental risks, fire risks, medication, health and lone worker risk assessments for staff members. Staff members told us that they received support as there was always a senior member of staff available through an on-call system. One staff member told us, "I'm never on my own, we are a good team."

We saw that some people were supported to take their medication. If this was the case, accurate records of medication administration were kept and people had medication support plans in their care file. Some people administered their own medication and when this happened a self-administration risk assessment was in place. Staff received training in medication administration and this was observed periodically during spot checks of people's support.

We saw on one person's medication record that there was one recent omission where a signature was missing that would normally indicate a medication had been administered. However we saw that this had already been documented on the electronic care management system and appropriate action had been

taken. This showed that the system was working to help keep people safe.

One recently recruited staff member told us that before they started they had a disclosure and barring service (DBS) check, provided reference information from previous employers, filled in an application form and attended a formal interview. A DBS check provided employers with information which they can use to make safe recruitment decisions for staff working with vulnerable adults.

We looked at staff files and saw records of these pre-employment checks. New staff identification and qualifications were checked and we saw records of appropriate references showing conduct in previous employment. We saw that there was a thorough interview process with questions based on applicants values. One staff member told us, "They were not standard interview questions, I had to do some thinking, but it was good".

Staff we spoke with received training in safeguarding vulnerable adults. They were knowledgeable about the different types of abuse that people may be at risk of, they were observant and knew what clues could indicate a person was at risk of abuse. They were confident and knew what they would do if they ever became aware of a person being at risk of abuse, including making contact with outside organisations if necessary.

Staff received training and training updates in infection control. They had stocks of essential hygiene equipment such as gloves, aprons and antiseptic gel in their cars which were replenished by the service.

Is the service effective?

Our findings

One person told us that the care staff who visit them were "smashing". Another person told us, "The carers have been very good". A third person told us, "I only have to mention something and it's done." One person's family member told us, "I'd fully recommend them." One person had written in feedback, 'I cannot find fault with any of my carers, they do an excellent job. Anything I ask them they do, they never refuse!'

One person explained to us that if they were going to be cared for by a new member of staff they were introduced to them first by a member of staff that they knew. They told us, "This way I always know the carer and I can take my time getting to know them. It's better if I know them."

Staff received support to be effective in their role. There was a training program in place, most staff held a recognised qualification in health and social care. Two staff members were completing a qualification in the management of health and social care. The organisation was paying for this and making sure that staff had the time and resources to complete the qualification.

Staff told us that they received training appropriate to their roles, which they found helpful. We also saw that periodic refreshers of some training had been provided to update staff knowledge. Training was provided in a small classroom style format. One staff member told us they liked this as, "We are able to answer questions, have group discussions and make it relevant to our roles."

New staff members completed a five day induction program to prepare them for their role. A new staff member described it as, "Brilliant. It taught me a lot." New staff also shadowed a more experienced staff member until they felt confident and have got to know people they care for. Staff were asked for feedback at the start and end of the induction and shadow process. One new staff member described themselves at the start of the process as, 'Nervous, excited and happy'. At the end they described themselves as, 'Well organised, welcome and working in a great company.'

Staff received regular one to one supervision meetings with a senior member of staff. Some of these were office based and others were more practical and were based around aspects of the carers role. Staff were positive about the support they received during their supervisions. One staff told us, "I can talk to [name] about anything." Another staff member told us about supervisions, "Things are dealt with before they become big issues". Staff also received an annual appraisal of their performance where both supervisor and supervisee contribute to an assessment document. There were regular staff team meetings where staff members can raise agenda items to be discussed. There was clarity of what the organisation expected from staff members and relevant support was provided. Staff had job descriptions and copies of the terms and conditions of their role.

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 be 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. In the case of where support is provided in people's own home, applications must be made to the Court of Protection.

The service operated within the principles of the MCA. People we spoke with told us they were treated with respect and consent to their care was sought. We saw documents that showed people's consent and permission was sought before support was put into place. We also saw documents that showed people had given consent to be supported with their medication. Staff told us that it was important to gain people's consent before planning and providing care for a person. Staff received training in the MCA as part of their induction and ongoing training.

People were supported with their health needs and appropriate care plans were in place for this. During our inspection we witnessed two times when a GP was called to arrange an appointment for a person, one a routine appointment and one to see someone who had become ill. People told us and records showed that the service was responsive and flexible, at times people's calls were adjusted to accompany people during GP visits and on hospital appointments.

Staff told us that the organisation had encouraged, and paid for them to receive the winter flu vaccination. One staff member told us this was to help protect the people they care for who may already be poorly. One person who we visited told us that they were being supported by staff to have the vaccination themselves.

Some people were independent with their meal preparation and food intake. Some people needed help to prepare hot meals and one person we visited had a food and drink chart in place to monitor their food intake. We saw that appropriate support was in place for each person to support their eating and drinking needs.

Is the service caring?

Our findings

People told us that the staff were kind and caring towards them. One person told us, "They go out of their way for me. They are good." Another person told us that they enjoyed their company and said, "We have a talk and a laugh together. I like having a laugh with them." A third person told us about the care staff, "I enjoy them coming. People are coming into my home; it helps a lot if I like them." Another person told us that before they leave the care staff always ask if there is anything else they would like them to do.

One person's family member told us, "[Name of care staff] is very good, extremely good, she always goes the extra mile." Another person's relative had written in feedback, 'Just wanted to let you know how delightful we are with the care my mother received from your company.' A third person's relative had wrote, 'I just wanted to let you know how delighted we are... The staff you employ have taken the time to get to know [name], they are all kind to her. She now treats her carers as friends... Please pass on how pleased we are to your lovely staff.'

We spoke with staff who were very passionate about their role. One staff member told us, "I love my job. I love getting up in the morning; I love the people I care for." Another staff member told us, "I've enjoyed building up relationships with people."

We saw aspects of the service provided that showed staff cared about people. For example there had been one recent incident of very bad weather for which there had been weather warnings. The local manager had arranged for welfare calls or telephone calls to be made with each person to check that they were safe. We also saw that the local manager had arranged for people to have cards and flowers on their birthday. The service had recently been through a period of planning with people and their family's for people's support over Christmas. This involved seeing if anybody wanted their support changing or needed extra support over the holiday period.

We saw that there had been a focus on looking at care and events from the viewpoint of the person receiving care. There was currently a focus on improving how carers introduced themselves when they make a visit. This was particularly important if carers use a key safe to enter the property, as the person may be asleep and startled. This showed that people's experience of care was explored and viewed as important by the organisation and staff.

We also saw that people's feedback was sought using feedback forms and in asking their opinions during spot checks. We saw that staff supervisions focusing on promoting choice and reducing any inadvertent limiting of choice and focusing on how people cared for are feeling. This helped to keep the experience of people at the forefront of staff thinking.

Staff who answered the telephone to people had recently had telephone training. This was because the registered and local managers wanted to ensure that when people contacted Apollo Care they had the best possible experience and their need for making the call had been met.

Any information held about a person was kept secure in a care file in their home or stored securely in the office environment. Only people authorised to access information and those with the person's consent accessed people's care records.

Is the service responsive?

Our findings

People told us that the care they received was responsive to their needs, wishes and preferences. One person described the service they received as, "wonderful" and "smashing". They told us, "When you get to my age you don't like being told what to do. It's important for me to stay at home and be as independent as possible. My house is my life."

Another person showed us that they had a copy of their schedule in their file showing which staff members were calling on which days. The person told us about the rota, "I like it. I know where I am and who to expect." They also described the staff as "Brilliant, flexible and reliable" and told us of two recent times when the service had been flexible to meet their needs and enabled them to achieve significant positive outcomes in their life. One person's relative had written in their feedback, 'The carers are always willing to do anything mum asks of them.' We saw examples of when senior staff at the service made efforts to make changes to people's care times or provide extra one off visits as needed.

Each person had an individualised care plan, a copy of which was kept in the office and in the person's home. The file contained an emergency information document which provided quick access to essential health and medication information about a person. We saw that assessments of a person's needs and wishes had been completed before their care started; to ensure that the service was able to meet their needs.

Each part of the care plan was set out in three parts, the identified need, the wanted outcome and what help was needed to achieve that outcome. This helped people to identify what they wanted to have support with and also gave appropriate guidance for staff on how to support people as they wished and helped people to remain as independent as possible. People had care plans for safe mobility and pressure care, eating and drinking, household support needs, personal care, security and ability to alert help, medication, companionship and any other care needs a person had. For example one person had a care plan for going for a brief walk and getting fresh air, another for managing pain and another for their favourite newspapers and magazines.

If the support needed had associated risks; guidance for care staff on these risks and how to reduce them was in a risk assessment. We also saw that daily notes were made of the care people received and appropriate electronic diary notes were made by care staff, these are accessed by registered manager, local manager, care co-ordinators and the person on-call. This ensures communication is effective across the organisation.

Care plans that we saw in people's homes had been signed by them as they had been consulted with and agreed to the planned care. We also saw documents that showed audits had been completed on people's care files with the person, one recent audit of a person's care file had resulted in two changes in how they were cared for. One staff member told us that reviews were opportunities for people to add to their care plans or remove things they no longer feel are appropriate. We saw that one person who had a reduced appetite had their food intake recorded by care staff and their care plan had been updated. The relevant

health professionals were involved and updated and the person was being regularly weighed.

One person told us that they had also been supported to go Christmas shopping, which they had found really helpful. Another person told us that they enjoyed going for a brief walk and getting fresh air and occasionally going on shopping trips. A third person was supported to attend a weekly group meeting that was important to them.

We looked at the record of complaints and compliments. At the time of the inspection there had not been any formal complaints made about the service. We reviewed some recent compliments. One person's family member had written, "[Name] has received so much kindness, she tells me she is a 'lucky woman' and has complete confidence in her carers. This is a great comfort to me... please convey my thanks and gratitude to them."

Is the service well-led?

Our findings

The service had a registered manager and a local manager based in Apollo Care North Liverpool. The local manager told us they were going to apply to become the registered manager of the service.

We visited three people with the local manager. The local manager was known to people and it was clear that they had a positive relationship with people. People told us that they had confidence in the local manager and the service their staff provide.

Staff members that we spoke with were positive about the registered manager and the local manager. One staff member told us about the local manager, "[Name] listens and tries her best to understand you, she looked after me one hundred percent. If you have any problems it's good to go to her and talk to her." Another staff member told us about the local manager, "[Name] really cares about staff."

Staff told us of a positive culture where they felt they could make suggestions and these would be listened to and considered. Staff told us that that they had been for a meal together that had been paid for by the organisation and received a voucher for Christmas. They told us this contributed to feeling part of a team. One staff member told us, "I feel valued and appreciated as a person."

The registered manager and local manager had arranged for a series of checks and audits to ensure that they had oversight of the quality of the service provided to people. One of these checks was regular unannounced spot checks of staff and their practice. We spoke to a senior staff member who conducted spot checks. They told us that they focused on the quality of staff interaction with the people cared for, reliability, good timekeeping, good hygiene practices and staff having appropriate identification.

We saw regular updates and audits of people's care files had been completed; along with audits of staff files which contained completed checklists of safe recruitment, training and other support provided.

Feedback from people and their families was obtained during spot checks and by periodic feedback forms. We saw that the feedback about the quality of the service was overwhelmingly positive. One person had written on their feedback form, 'They treat me like their own mother.' One person relative had written, 'Mum is very grateful to have [name] each morning to wash and dress her and not different people all the time.' Another person's relative had written in feedback, 'I find it difficult to think of any improvement you could make for clients.'

We saw a culture of caring and a desire for continuous improvements at the service. There was currently a focus on the quality of telephone calls and training was being provided to staff who provide support to people as the first point of contact over the phone. The registered manager told us, "We never want people to feel neglected. Often it takes courage to phone and say something and our response can have a massive impact. We must make sure it is right." As part of their audits there are plans to include 'mystery shoppers' to monitor the quality of communication from the office.

We also saw that recently the service had implemented their adverse weather planning policy, which involved checking on all staff and people supported to ensure that they were safe. Staff told us that this made them feel valued and cared for.

Staff described an open and learning culture where mistakes can be spoken about and learnt from. If anything went wrong, staff told us that additional training and guidance is provided and staff told us they felt supported in this way.

Apollo Care Franchising; which Apollo Care North Liverpool is a part of, has achieved a Silver Award from Investors in People for people management. The award recognised, 'A real focus on continuous improvement, which is delivering many positive outcomes for the organisation.'

Recently the Apollo Care group held a Care Conference where people could meet each other and socialise at an award presentation. Some of the people supported by Apollo Care North Liverpool were invited to attend. One person who went said it was a really positive experience and told us, "It was the highlight of the year; it was great to spend time with them." Another person told us, "It was very good, excellent. It was great to meet people from the office."