

H White Ltd

# Apollo Care (West Wirral)

## Inspection report

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Date of inspection visit:

04 September 2019

05 September 2019

06 September 2019

Date of publication:

23 September 2019

## 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 (West Wirral) is a domiciliary care service providing personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection, the service was providing personal care to 38 people.

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

People told us they received care that helped them to feel safe in their homes. There were sufficient numbers of staff employed and they had been recruited safely. People knew the staff who supported them. Staff were aware of safeguarding and whistleblowing procedures and knew how to raise any concerns they had. Risk to people had been assessed and measures were in place to reduce any identified risks. When people required support with medicines, this was completed safely.

Systems were in place to gain people's consent to their care, but the recording of this information could be improved. We made a recommendation regarding this in the main body of the report. 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. Staff were supported through regular training, supervisions and spot checks and told us they felt very well supported in their roles. People's needs were assessed prior to support commencing and staff worked with health professionals to help ensure people's needs were met.

Staff were kind, caring and treated people with respect. Staff knew the people they supported well, including their needs, preferences and best method of communication. People told us staff protected their dignity and provided support in ways which promoted their independence. People were provided with information and supported to make decisions about their care.

People told us they received flexible care that met their individual needs and was based on their preferences and how they wanted to be supported. Detailed and personalised plans of care were in place that were reflective of people's needs. People knew how to raise any concerns they had and were confident they would be listened to.

People's feedback regarding the quality of service they received was very positive. Staff told us they enjoyed their roles and would recommend the company to others. Systems were in place to monitor the quality and safety of the service and these had been built upon since the last inspection. The service was implementing new initiatives to continually improve the service.

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

The last rating for this service was Good (published 14 January 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 (West Wirral)

## 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 Care Act 2014.

#### Inspection team

This inspection was undertaken by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Notice of inspection

We gave a short period notice of the inspection because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 4 September 2019 when we visited the office. We contacted staff and people using the service by phone on 5 September 2019 and visited people in their homes on 6 September 2019.

#### What we did before the inspection

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

#### During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with five members of staff as well as the registered manager and franchise support manager.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had undertaken safeguarding training and knew how to raise any concerns they had appropriately. A safeguarding policy was in place to guide them and we saw that referrals had been made to the local safeguarding team when required.
- A whistleblowing policy was also in place and staff were aware of the procedures to follow with regards to this.

Assessing risk, safety monitoring and management

- People told us they received care that helped them feel safe in their homes. One person told us, "They make me feel safe which is very important as I'm physically very vulnerable." People that lived alone told us care staff always left their home secure when they left.
- Risks to people had been assessed and measures put in place to reduce any identified risks. Care files provided guidance on how staff should support people to ensure they remained safe from harm.
- People's home environments had also been assessed to ensure they were safe for them and for staff to work in.
- Staff knew how to respond in the event of an emergency, such as if a person had fallen or had become unwell.
- Most people had contact details for the service and an on-call system was in place to ensure advice and support was always available to people and staff.

Staffing and recruitment

- Sufficient numbers of staff were recruited to meet people's support needs. Staff were safely recruited as all necessary pre-employment checks had been completed.
- People told us they were usually supported by the same staff that and they were informed if there were any changes to staff allocated to support them.
- People told us staff arrived on time and always spent the full amount of time they were scheduled to.

Using medicines safely

- People who required support from staff with their medicines, had them administered safely. Records were maintained for all medicines administered and these records were audited to ensure they were comprehensively completed.
- Medicines were administered by staff who had undertaken relevant training, and had their competence assessed.

### Preventing and controlling infection

- Staff had access to personal protective equipment.
- Infection control training was provided to staff and a policy was in place to help guide their practice.

### Learning lessons when things go wrong

- Accidents and incidents were reported and recorded in line with the providers procedures. We saw that appropriate actions had been taken following each accident or incident.
- All incidents were reviewed to look for any trends and assess whether future incidents could be prevented.
- The registered managers regularly met with other franchise owners to share best practice and learn lessons from each other.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Systems were in place to assess and record people's capacity, although they required some further development. Records did not always clearly reflect a person's ability to provide consent to their care and the registered manager agreed to review these records to ensure they provided clear and accurate information.
- When relatives had had the legal authority to consent on their family members behalf, it was clear they were involved in all relevant decisions. Although original records regarding power of attorney had been seen by the service, written evidence of this was not always available. Since the inspection, the registered manager has advised that this evidence is being put in place.

We recommend that the provider reviews and updates its practices to ensure people's consent is sought and recorded in line with legal requirements.

- The registered manager was aware of Court of Protection procedures and how to raise any concerns they had regarding people's capacity.
- When able, people signed to show their consent to the care and support plans implemented.

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 were aware of, and could effectively meet their needs.
- Detailed plans of care were developed based on initial assessments, as well as assessments provided by

other health and social care professionals.

- Champion roles had been developed and allocated to staff. Additional training was provided in these areas to help ensure staff had up to date knowledge and skills.

Staff support: induction, training, skills and experience

- Staff completed a comprehensive induction and annual refresher training in areas necessary to provide safe and effective care to people.
- People told us staff were knowledgeable and knew how to support them safely. One person described the staff as, "All very capable." The franchise support manager told us, "Clients deserve to have support from well trained staff, to provide outstanding care."
- Staff received regular supervisions and spot checks. Staff told us they felt very well supported in their roles.
- The registered manager told us they liked to find staff's areas of interest or their natural strengths and help them to develop in these areas.

Supporting people to eat and drink enough to maintain a balanced diet

- When people required support with meals and drinks, this was clearly recorded within their plans of care.
- People told us they were happy with the meals provided by staff, that they were well prepared and always their choice.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other health and social care professionals to ensure people's needs were met.
- People told us staff would support them if needed, to contact their GP if they were unwell, or to attend medical appointments.
- A new hospital passport had recently been developed, to ensure essential information regarding people's needs, was passed on to hospital staff should a person have to attend hospital.

## Is the service caring?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated with kindness and compassion by staff. Comments included, "Staff are nice, no question, they treat me well, the way I want to be treated", "All staff are nice, always bright and cheerful", "I am lucky to have them, they are all pleasant" and "They are all lovely, I don't know what I would do without them."
- Feedback provided in a recent internal survey was also very positive. Comments included, "I am very pleased with the care I receive" and "An excellent company."
- Records reflected examples where staff had gone the extra mile for people. For instance, one person was upset as they had run out of dog food and was unable to access the shops themselves, so staff went out and bought it for them. Another person was distressed by being in the house alone one evening, so a member of staff visited them, speaking to them on the phone whilst they were travelling there and stayed with them until they were settled and asleep.
- Most people said if there was a new staff member, they visited with a staff member who already knew their needs.
- Staff told us they mostly worked with the same people and knew their needs and preferences in relation to their care. If, due to sickness for example, they visited a person they did not know, they would get a lot of information from staff in the office who knew the person, and from the electronic application on their phones, where all essential information regarding people's care is stored.
- Staff spoke warmly about the people they supported, language they used in records about people was respectful and people were treated as individuals. There were policies in place to promote diversity and support person centred care.

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.
- A new service user guide had been recently developed and we saw this was available in people's homes. This provided people with information regarding the service and what people could expect from them.
- The service user guide also contained details of local advocacy services that could support people if they had no friends or family to assist with decision making.
- People's views were sought through regular surveys and reviews of the service.

Respecting and promoting people's privacy, dignity and independence

- The new service user guide included seven care principles of dignity that people could expect.

- Care files stated that care plans were designed to keep service users as independent as possible. They advised what people were able to do themselves and what they required support with.
- There was a confidentiality policy in place for staff and personal information regarding people's needs was stored securely.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- People had detailed plans of care, based on an assessment of their needs and reflective of their preferences.
- Care plans were reviewed regularly, and people and their families were involved in these reviews to ensure care remained effective. An electronic system provided prompts when reviews were due.
- Care files included information regarding people's life history. This enabled staff to get to know people as individuals.
- Staff were responsive to people's needs and the service flexible to ensure their needs would continue to be met. For instance, one person told us an earlier call was always arranged for them when they wanted to attend a social event and another person said their calls times were changed to fit in with medical appointments when needed.
- People told us staff always provided them with choice and asked how they wanted to be supported at each visit. People were asked if they had a preference regarding the gender of carer assisting them with personal care.
- Staff were matched to the people they supported as much as possible, to encourage shared interests.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and staff knew how to best communicate with people.
- New sensory care plans had been developed and the registered manager was in the process of writing these for each person. We saw an example of a completed sensory plan for a person who was unable to communicate verbally; this was very detailed and provided staff with the knowledge to enable them to effectively communicate with the person.
- A variety of tools were used to help ensure people understood information provided to them. For instance, the registered manager told us invoices and people's weekly call schedules could be provided in large print. Other documents would be provided in other formats if required.

### Improving care quality in response to complaints or concerns

- A complaints policy was available, and the service user guide provided people with information as to how to make a complaint if they needed to.
- People told us they knew how to make a complaint and would not hesitate to raise any concerns with the

registered manager.

- The registered manager maintained a log of all complaints received and we saw that these were investigated, and actions taken to improve the service provided.

End of life care and support

- The service was not supporting anybody with end of life care at the time of the inspection, although staff had received training in this area and had worked with other health professionals to provide this support in the past.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Feedback from people regarding the quality of the service they received was all positive. Staff were very proud of the service they worked for and told us they would recommend the service to family members.
- Staff were well supported in their roles and told us they could raise any issues or concerns at any time, in the knowledge that they would be listened to. Staff were encouraged to go the extra mile to ensure outstanding care was delivered to people.
- The registered manager supported and encouraged staff and they were rewarded for their commitment and good practice. Several initiatives had been developed to help ensure staff felt valued and part of the company. For instance, one staff member received a 'duvet day' each month if they had gone above and beyond what was expected of them. Based on positive feedback staff were issued with bronze, silver and gold badges to wear. An annual awards event was also held for staff to celebrate good practice and people receiving support were invited to attend.

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

- There had been no recent occasions when the service had to act on its duty of candour.
- Staff liaised with family members following any accidents or incidents, or if there were any concerns regarding the person's wellbeing.
- Accidents, incidents and complaints were reviewed and acted upon to ensure the service acted in a transparent way.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Most notifications had been submitted as required. We identified one incident that CQC had not been notified of. Following discussion, it was clear the registered manager was aware of what CQC should be notified of. The last rating for the service was displayed on the provider's website and in the office as required.
- Systems to monitor the quality and safety of the service had been improved and now included a regular check on medication administration records. The audits completed were effective and covered key parts of the service provided.
- Staff were aware of their responsibilities. They were provided with a job description when they started in post to help ensure accountability for their practice.

- A range of up to date policies and procedures were in place to help guide staff in their roles.
- An out of hours system was in place to ensure people using the service and staff could contact a senior member of staff if required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Systems were in place to engage with people and gather their views regarding the service they received. This included quality assurance surveys, regular reviews of care and a complaints and compliments process. Feedback could also be provided via a link on the providers website.
- Completed surveys had been reviewed and actions taken to address any issues raised.
- Staff meetings were held regularly to enable staff to share their views regarding the service and ensure they were updated regarding and developments within the service or changes in the needs of people they supported.
- Staff worked closely with other health professionals to ensure people's needs were met safely.

Continuous learning and improving care

- The registered manager, alongside staff from head office, had been working on a new initiative called, 'Project outstanding.' This involved a full review of procedures such as care planning, records and staff training to ensure people could receive person centred care. Audits had been undertaken by an external company to help identify any areas that could be developed. We saw examples of improvements that had been made due to this project.
- Part of the project was the development of the Apollo Academy, open to staff from all branches of Apollo. This helped to develop staff additional knowledge and skills and feel involved in the organisation.
- The registered manager had access to specialist advice and support from contracted professionals, in areas such as human resources and data protection.
- The registered manager had support from the franchise support manager and regularly met with the registered managers from other Apollo branches, to learn from each other and share best practice.
- Regular observations and spot checks were completed to ensure staff continued to provide high quality support to people.