

CareCaliRaya Ltd

# Apollo Care - South Liverpool

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 5 and 10 May 2017. We gave the provider a short amount of notice on the first day as we wanted to make sure that somebody would be available when we visited. The second day was by arrangement as we made visits to people using the service.

Apollo Care South Liverpool is a family run organisation which provided support for 15 people living in their own homes in the geographical area of South Liverpool. The regulated activity of personal care was provided for seven people. On the first day we visited the organisation's office; on the second day we visited three people in their homes who were happy to speak with us about the care they received. We also spoke with one person on the phone. This was the first inspection of this service.

The organisation required and had a registered manager. 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.

People told us they thought the staff at Apollo Care South Liverpool were caring. One person said, "To some people it's just a job, but with these staff, it's genuine. They seem to make an effort to assist and it makes a difference". People's relatives we spoke with told us they thought the service was caring. One relative said, "I have never met such caring people". People told us that they felt listened to by the organisation. One person said, "I've been supported to have a voice in my life, they have helped me to stay independent".

Staff told us they were happy in their roles. One staff member commented, "It's a very caring company. People here have really nice relationships". We saw and people told us, that staff treated them with dignity and respect in their own homes. We also saw that people's personal information was treated with respect and kept in confidence. The service operated within the principles of the Mental Capacity Act (2005). People told us they were treated with respect and their consent to their care was sought.

People told us that they felt safe with the support they received. Their relatives told us that the service was reliable and that they had confidence in the service. One person's relative said, "They make us feel at ease". We saw that appropriate risk assessments were in place and a record of any accidents and incidents had been made and they had been responded to quickly. People received their medication in a safe manner.

New staff had been safely recruited. Induction of new staff included initial training and shadowing the work of more experienced staff members. Staff told us they were well supported with regular supervision meetings, feedback from spot checks and training. Staff agreed that they were well supported by the organisation. One staff member said, "It's a very friendly company to work for, they are really approachable".

Staff had received training in, and were familiar with, their responsibilities in safeguarding vulnerable adults.

People told us that the service was responsive to their needs and they received support from staff who were familiar to them. We saw that people had person centred care plans, which were clear, individualised and were positive about people and what they were able to do. The care plans outlined what tasks people wished help or support with along with a personal assessment of their support needs. We saw that people were supported with any health needs they may have and the organisation liaised with health professionals.

People told us that their care plans reflected the care they received and we saw that people's care plans were reviewed regularly involving the person and their family members if appropriate.

We found the registered manager and director to be open and candid and it was clear during the visits made that they were well known to and had positive relationships with people cared for and their families. People told us that they were responsive and flexible. The registered manager told us, "When somebody asks us to do something, if we can, we will".

We saw records in people's care files and people told us that the registered manager made regular visits to people. Recently when new staff had been recruited the registered manager told us that he liked to personally introduce them to the people who use their services. The registered manager used these frequent visits along with some audits and checks to ensure that people received a service of a high quality.

## 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.

People and their relatives told us they felt safe with the support they received. The service people received was reliable and was provided by staff that they were familiar with.

The organisation had sufficient staff to ensure people's support needs were met. We saw that new staff had been recruited in a safe manner.

Staff had received training in and were familiar with their responsibilities in safeguarding vulnerable adults.

A record of any incidents and accidents was made and these had been responded to. There were appropriate risk assessments in place to reduce risks. People's medication was administered safely.

### Is the service effective?

Good ●

The service was effective.

New staff went through a period of induction training and shadowed an experienced member of staff.

Staff received support with training and regular supervision meetings during which their feedback was sought. Staff members told us they felt well supported.

People were supported with any health related needs and worked alongside health professionals.

The services operated within the principles of the Mental Capacity Act (2005).

### Is the service caring?

Good ●

The service was caring.

People described the way in which the support they received was caring. People told us they had positive relationships with the

staff who provided them with support.

People were listened to and were treated with dignity and respect. People's personal information was treated with respect and kept in confidence.

People were supported to access advocacy services.

### Is the service responsive?

Good ●

The service was responsive.

People told us that the service they received was responsive to their needs.

We saw that people had person centred care plans, which were clear, individualised and were positive about people and what they were able to do. We saw that people's care was reviewed regularly, involving people's family members if the person wished to.

Some people had been supported to participate in their community and in using local services.

We saw that if a complaint was received it had been recorded and responded to.

### Is the service well-led?

Good ●

The service was well led.

There was a manager in place who was registered with the Care Quality Commission.

People and their relatives told us they had confidence in the leadership of the service. We found that the registered manager and director were open and candid and had positive relationships with people cared for and their families.

We saw records in people's care files and people told us that the registered manager made regular visits to people. The registered manager also used some audits and checklists to ensure the quality and effectiveness of the service provided.

# Apollo Care - South 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 was planned to check whether the provider was 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 5 and 10 May 2017; the inspection was completed by an adult social care inspector.

Before the inspection we looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager.

We visited three people who received care from the organisation and we spoke with a fourth person on the phone. We looked at People's care plans and spoke with them about the care they received. We also spoke with two people's relatives. We interviewed five members of staff including the registered manager.

We also looked at the staff files of four members of staff and documents relating to the medication administration, health and safety, staff scheduling and the management of the service.

# Is the service safe?

## Our findings

People told us that they felt safe with the support they received. One person's relative told us about the carers from Apollo Care South Liverpool, "I have confidence in them. I feel like we've known them longer than we have. They make us feel at ease. If there is ever any concerns they give us a call, it's very reassuring".

People told us that the care they received was from staff familiar to them. Staff arrived according to the agreed schedule and stayed for the planned amount of time. One person's family member told us, "They are very reliable". Another said, "We have regular staff and some relief staff, so we see the same people at mum's home". We saw that staff wore identification, which could be checked if needed.

We saw that the organisation had sufficient staff to make sure that people received their scheduled calls and that enabled staff to stay for the agreed amount of time and provided the care people needed. Staff schedules included sufficient time for travel to people's homes so they were on time. Because the organisation is small, at times the registered manager and other managers helped to support people to ensure continuity of care. We saw that the timing of people's calls was based upon their identified needs and preferences. The registered manager told us that they had recently increased their staff team which "Gives us the flexibility to step in and give extra support if needed".

We saw that new staff had been recruited in a safe manner. Applicants had filled out an application form and had been interviewed by a panel of two senior staff members. The interview focused on the applicants competencies and suitability for the role. References were sought and where possible these references had been verified. Applicant's identification was checked.

We saw that a disclosure and barring service (DBS) checks had been carried out on new staff members to help ensure they were suitable to work with vulnerable adults. Any necessary risk assessments had been carried out. New staff members had a job specification, terms and conditions and copies of important policies which gave new staff information relevant to their role.

Staff told us and records showed that they had received training highlighting their responsibilities in safeguarding vulnerable adults. Staff we spoke with were aware of signs that could mean a person was at risk of abuse. They were aware of appropriate actions they could take, such as whistleblowing and who they would contact to pass on necessary information, in order to keep people safe.

We saw that people's care files contained appropriate risk assessments which helped reduce risks. For example there were risk assessments for health and safety, helping people to move safely, risk of falls, medication, environment and fire safety.

A record is made of any incidents or accidents that occurred whilst supporting people. Because of the size of the service the registered manager told us they were quickly made aware of these and were able to provide an appropriate response straight away. People and their relatives we spoke with confirmed this.

We saw that people received their medication at the time outlined on their prescription and this had been signed for by staff members. People had a medication profile in their care plan in their homes, which included instructions for staff on the use of any medicated creams. We saw that separate records were held for the use of any controlled drugs.

We saw that one person was regularly supported to take a series of homely remedies that had not been documented in their care plan. We recommended that the registered manager took medical advice with the person to ensure that there was no contradiction with the person's prescribed medication. The registered manager acted on this quickly.

We saw that when people were being supported staff used gloves and aprons as good infection control practices.

# Is the service effective?

## Our findings

People told us that they liked the agency's staff and managers. They thought they had the right skills and approach to their care. One person told us, "The staff give me the right support and them some". A second person said, "The care has been absolutely brilliant". One person's relative told us, "At first we were uncomfortable with people coming in. [Name] came in first and straight away they put us at ease".

Staff we spoke with were very positive about their role and had an enthusiastic approach to their work. One staff member told us, "I love my job"; another told us they had been, "Really well supported".

New staff went through a period of induction, initial training and shadowed the work of a more experienced staff member, usually the registered manager. We saw records of new staff members shadowing experience and how they were supported until they felt confident. One staff member told us, "I received enough shadow time to make sure me and the person were comfortable, it wasn't rushed". The registered manager told us that after the shadow period people are contacted to gain their feedback about the new staff member.

Records showed that staff received regular supervision meetings to support them to progress in their work. The supervision format involved the staff member completing a self-assessment and the manager giving the staff member feedback. The registered manager told us they ensure they meet up with new staff in their first month, and then every three months afterwards. There were plans to ensure that staff received an annual appraisal after being with the provider for 12 months. The registered manager also undertook periodic unannounced spot checks on people's practice and from these staff members were given feedback. After their initial induction one staff member feedback that they felt, "Organised, well supported and ready to care".

Staff members were provided with face to face training that was relevant to their role. We saw that if any staff members had a particular learning style, adaptations had been made to support the staff member. Staff told us they found the training useful, one staff member said, "I've been well supported, the training has given me confidence and kept me up to date".

The registered manager told us that training was provided as part as a group of organisations. This allowed them to tailor the training to the people supported and to be in line with the organisations policies. We saw staff had received training in; dementia, basic life support, equality and diversity, communication, fluids and nutrition, handling information, understanding your role, infection control, person centred approaches, personal development, privacy and dignity, safeguarding, health and safety and administration of medication. The medication and safeguarding training contained learner workbooks to ensure that staff had understood these important topics.

If people needed support with meal preparation or eating this was clearly outlined in their care plan. Some people told us that they were supported with the preparation of meals and to make sure they have enough to drink if needed.

One family member told us, "Any problems with [name's] health and they report things straight away". We saw that in some people's care the staff communicated with district nurses to ensure people received appropriate support with their health needs.

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 on-going training.

## Is the service caring?

### Our findings

People told us they thought the staff were caring. One person told us, "To some people it's just a job, but with these staff, it's genuine. They seem to make an effort to assist and it makes a difference". Another person said, "At times I have a laugh with them, excellent banter". A third told us, "They are absolutely brilliant, they are tip top. They do my hair and nails, they are like family. They do everything I need and more. They help with anything".

One person's family member told us, "They properly pamper her". Another said, "We warmed to them straight away". One person's relative had written, 'I have never met such caring people as [name] and [name]. I have felt privileged to know them'.

One relative told us that the staff are really caring, they told us of an example when staff had responded in a kind way and had put themselves out and had been flexible in their support during an incident. They told us, "The staff were concerned and stayed making sure everything was ok. They were like friends helping out in difficult times".

One staff member told us, "It's a very caring company. People here have really nice relationships". A senior staff member told us, "we want to make sure we do not become task orientated when supporting people, we want to see them first as people".

The registered manager told us that, "To promote good quality care, we need a good match between the staff member and the person. It's really important as the best support comes when people get to know each other". We were shown examples of when the registered manager consulted with people after new staff had shadowed their support. This involved people in choosing which staff members would support them. People we spoke with told us that they appreciated being asked and had given input with regard to which staff members supported them. One person described the approach of staff by saying, "They don't come into my home and quiz me. It's my home and my dog, they make sure I have staff who like dogs".

People told us they were treated with dignity and respect in their own homes. We saw that staff knocked and checked before entering rooms and that people's personal information was treated with respect and kept in confidence. Staff we spoke with were aware of the principles of confidentiality and when to use information appropriately.

People told us that staff recognised and acknowledged special occasions. One person told us that at the one year anniversary of their care with Apollo Care South Liverpool, they had a small celebration with the managers and staff with a cake and a drink. One person had said they would like to go to Llandudno on their birthday. The registered manager had supported them to go. The registered manager said, "When somebody asks us to do something, if we can, we will".

One person told us how they had been supported in accompanying them to attend a best interest meeting and on another occasion to raise a complaint with their local MP. They told us, "I've been supported to have

a voice in my life, they have helped me to stay independent". The person told us that they had received extensive support to represent themselves and to access independent advocacy services.

## Is the service responsive?

### Our findings

People told us that the service they received was responsive to their needs. One person told us about the service they received, "They are amenable to things changing. I'm quite impressed with that. Sometimes I am not aware of things and they just adjust them as I like". Another person told us about their support, "They help me to keep my house nice, just how I want it

One person's family member had written, 'We were grateful that you were able to provide additional services on request'. Another person's family member told us they thought the service was responsive. They said, "They seem to be really on the ball, [registered manager] doesn't miss anything, they are very reliable. I would recommend them. I find them really efficient". At times people had been provided with short term care. One person's family had written about the care received, 'Thank you once again for the invaluable support you gave her during her transition'.

We saw that people had person centred care plans, which were clear, individualised, person centred and positive about people and what they were able to do. The care plans outlined what tasks people wished to have help or support with along with a personal assessment of their support needs. The registered manager told us that completing this assessment with people enabled them to put together a person centred care plan and ensure that any necessary adaptations were in place. The assessment included any support people may need with their memory, concentration, hearing, communication, speech and medication.

We saw that people's plans contained small but important details to ensure that people were supported in line with their preferences. For example one person's plan stated, 'I enjoy taking time with my hair', another stated '[name] would like to have a chat about their and your day on your arrival'. We also saw that plans documented how people wished to receive their personal care, outlining any preferences they may have.

Care plans made a note of any visits from people's GP or other people involved in their care. This promoted good communication and helped ensure people's health needs were met. People's social needs were documented; including any use of social media that people may be supported to use to keep in contact with people. People were supported in expressing their faith and being active members of their community and culture. One person told us they had regularly supported to attend the cathedral to say prayers.

We saw that in one person's care plan their list of medication did not match the medication they were receiving. We also noted that one important detail were missing from another person's care file. We highlighted this to the registered manager who told us this would be quickly corrected.

We saw that people's care was reviewed regularly, involving people's family members if the person wished to. One family member told us they liked how their relatives care was regularly reviewed. They told us, "In the first two months we had two reviews, ensuring that the care provided is meeting [name's] needs. Mostly we have been very happy, but it's enabled us to make a few changes".

People told us that their care plans reflected the care they received. One person told us, "The care plan is

learned by all new staff". We saw that the registered manager also checked to ensure that the record of daily care provided reflected people's care plans.

Some people had been supported to participate in their community and use local services. One person told us they had been supported to attend local educational courses. They said, "I was helped to go and find courses that interested me and they supported me by taking notes".

We looked at the record of complaints received by the service. We saw that if a complaint had been received they were recorded and responded to. We saw evidence that actions had been taken to resolve an issue and we saw the person and their family had been kept informed and the registered manager had been open and candid. One person told us, "I had one complaint, it was handled well. It was sorted out straight away; there was no problem, no stress". In each person's care plan in their home was information that would be useful if a person wished to raise a complaint. The registered manager told us, "We want to be responsive; we have made adjustments based on feedback from people supported and staff members".

## Is the service well-led?

### Our findings

People told us they knew and had met the registered manager on many occasions and had confidence in the leadership of the service. One person told us they thought he was, "Very good". Another person told us, "I would recommend this service to anyone". A third told us, "I've had other agencies in the past and had trouble. I'm impressed with Apollo Care [South Liverpool] and I can recommend them. By far the best".

One person's relative told us, "The manager is approachable and he listens to me. The pressure they have taken off us is great, they are very attentive". Another family member said, "The managers are hands on, they get involved in all people's care". A third told us, "I feel like the manager is a friend now, they are so reassuring".

Staff told us that they felt well supported by the registered manager and other senior staff in the organisation. One staff member told us, "The bosses are brilliant, they have been amazing". Another staff member said, "It's a very friendly company to work for, they are really approachable". Staff members told us that they felt well supported and could always contact a manager for support if necessary.

We found the registered manager and director to be open and candid and it was clear during the visits made that they had positive relationships with people cared for and their families. People's families expressed in detail how these positive relationships with the staff and managers had been of benefit to them and their family member being cared for.

We saw records in people's care files and people told us that the registered manager made regular visits to people. People told us that they knew him well and found him approachable. One person's relative told us, "The manager is really good and very approachable". Recently when new staff had been recruited the registered manager told us that he liked to personally introduce them to the people who use their services.

The registered manager used some audits and checklists to ensure the quality and effectiveness of the service provided. For example staff member's files were audited to ensure that staff had been recruited safely, were trained and had received appropriate support. At the end of each month the registered manager completed checks on people's medication administration records and daily records of people's care, to ensure the care and support people received matched that outlined in their care plan. The registered manager had started in recent months completing unannounced spot checks on the care people received.

The service had appropriate policies in place that were available to all staff members. New staff members were given copies of key policies when they started. We looked at the organisations safeguarding, whistleblowing, social media and confidentiality policies and found these provided appropriate information for staff.

At the moment because of the size of the provider, the registered manager made frequent visits to each person and checked people's care and the care files during these visits. The registered manager told us, "We

are at the size where I see each person we support weekly". The manager recognised that as the organisation expanded a more formal system for checking and auditing people's care plans would be needed.

The registered manager told us, "We ensure we have regular contact and communication with all people supported, it's important. If we have permission, we give regular updates to people's family members. This helps to build up trust".