

CareCaliRaya Ltd

Apollo Care - South Liverpool

Inspection report

Unit 1, 236 Smithdown Road
Liverpool
L15 5AH

Tel: 07909094626
Website: www.apollocare.co.uk

Date of inspection visit:
02 December 2019
03 December 2019

Date of publication:
08 January 2020

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Apollo Care South Liverpool is a domiciliary care service that provides 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. Apollo Care provides services to a wide range of people including those living with a learning disability and/or autism.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good for the safe, effective, caring and well-led domains. There has been a change of rating to Outstanding for the responsive domain.

The philosophy of the service valued the uniqueness of every individual and promoted the provision of care and support as individual as the person receiving it. Management were passionate about providing high-quality person-centred and dignified support for people, and empowering people to have a say in the care and support they wanted. This vision was widely shared by staff.

People using the service benefitted from tailor made care which was truly unique to them. The service took the time to get to know about what was important to people. Staff were pivotal in the delivery of individualised care and support, and supported people to be a part of both their local and wider community.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People were supported in such a way that allowed them 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.

People received care and support from staff who were genuinely caring and compassionate and who were familiar to them. Staff had not only formed strong relationships with the people they supported, but also

their relatives.

Staff provided care and support in a dignified way and with consideration. Staff took care to encourage and maintain people's independence as far as possible.

The service provided support to people at the end stages of their life. People were treated in accordance with their wishes, with dignity and with the utmost respect.

Feedback about the management of the service from people, their relatives and staff was positive. The registered manager adopted a hands-on approach to the deliverance of care and support.

Staff were well supported in their role with appropriate training and supervision. Staff had also received additional training to meet the specific needs of the people they were caring for.

Regular checks and audits were carried out to determine the quality and safety of the care and support being provided. Risk to people was appropriately assessed and measures were put in place to support people safely, whilst still respecting their freedom.

The registered manager and registered provider had met their legal requirements with the Care Quality Commission (CQC). They promoted person centred care and transparency within the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

At our last inspection, the service was rated "Good." (Report published June 2017).

Why we inspected

This was a planned inspection based on the rating of the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding 

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

Apollo Care - South Liverpool

Detailed findings

Background to this inspection

The inspection

We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked 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.

Inspection team

The inspection was completed by one inspector.

Service and service type

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

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

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

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 professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is

information 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the registered manager, deputy manager, a representative of the registered provider, a senior carer and two care staff.

We reviewed a range of records. This included four people's care records and medication records. We looked at three 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and end of life care plans. We spoke to four people who used the service and three relatives to help us gain a better understanding of people's experiences of their care and support.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the care and support received by staff was safe. People told us, "I feel completely safe in my home when staff are here" and "I feel safe because staff know what they are doing" and "I feel safe with staff without feeling intruded upon." A relative told us, "I have no worries leaving [Person] in their care."
- Staff received safeguarding training and had access to a whistleblowing policy. Staff understood how to safeguard people from abuse and how to report any safeguarding concerns.
- The registered manager sent us statutory notifications to inform us of any events that placed people at risk of harm.

Assessing risk, safety monitoring and management

- Individual risk assessments were carried out for each person and included health, safety and environmental risks. Control measures were in place providing staff with guidance on how to mitigate any identified risks to people, whilst still respecting people's freedom.

Staffing and recruitment

- People received care and support by staff who were familiar with their individual needs, preferences and routines.
- Full pre-employment checks were completed to help ensure staff members were safe to work with vulnerable people.

Using medicines safely

- Medicines were managed safely. Wherever possible, people were encouraged to be independent with taking medication. Where support was required, medication was administered by staff who were trained to do so.

Preventing and controlling infection

- Staff received training in infection prevention and control and followed good practice guidance.
- Staff had access to personal protective equipment (PPI).

Learning lessons when things go wrong

- Any incidents and accidents were reviewed by the registered manager to identify any themes and trends. This helped to prevent reoccurrence in the future.

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

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

- People's needs, and choices were assessed, and they received care and support in line with standards, guidance and the law.
- Care and support records evidenced the involvement of people and relevant others such as relatives.
- Records were individualised and contained details of people's preferred routines and preferences.
- Daily notes were recorded by staff which detailed care and support carried out. The service regularly reviewed people's care records with the person and any relevant others, so that any changes in support needs could be implemented.

Staff support: induction, training, skills and experience

- Staff had the necessary knowledge, skills and experience to perform their roles. The service supported staff through inductions, supervisions and appraisals.
- Most staff had undergone additional training to help meet the specific needs of people. For example, staff had developed their understanding of the needs of people living with dementia and mental health by attending awareness courses.
- Staff were competent, knowledgeable and skilled to perform their roles. People told us, "Staff are trained and competent."

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

- People received the care and support they needed. The service referred and worked alongside external healthcare professionals where appropriate.
- Staff supported people to attend external appointments where required, this was important for people who wanted an advocate to act on their behalf.

Adapting service, design, decoration to meet people's needs

- Risk assessments were carried out on people's homes to check the environment was safe. The service worked with other agencies to help further improve people's safety, for example, by the introduction of equipment such as hand rails.

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

- Care records contained information on how staff were to support people with any dietary needs and maintain a balanced diet. We saw evidence that staff supported a person with a healthy diet.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

- Staff had received training in mental capacity and assumed people had the capacity to make decisions, unless assessed otherwise.
- Staff ensured people were involved in decisions about their care and support. We found recorded evidence of people's capacity to consent to care documented in their support files. Staff asked people before giving care and support and explained what they were doing.

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 now remained good. 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

- Staff were motivated about ensuring people were well treated and supported. People received support from the same members of staff. As a result, staff knew people's individual needs and preferred routines exceptionally well. One person described staff as being like 'genuine friends.' Other comments included, "I receive care from the same staff, they are prompt, fantastic, amazing" and "I can't rate the staff highly enough." Relatives told us, "They know [Person's] needs exceptionally well, and know them as a person, I always hear banter when they are here, it's lovely," "They [Staff] really do care for [Person], they make suggestions and go to a lot of time and trouble to get care just right" and "Staff are fantastic, they go above and beyond for people."
- People told us they were treated respectfully. One person told us, "I feel comfortable and completely reassured when staff are here."

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

- People's communication needs and any assistance they required was recorded in their care plan. This provided staff with guidance on the most effective way to communicate with each person.
- People were given the right support to make decisions and choices about their care.
- The service hosted an annual carer awards event which recognised support provided to people which had made a positive impact. People were encouraged to vote for the staff members they believed were deserving of an award.
- For people who had no family or friends to speak on their behalf, the service had details of an independent advocacy service. An advocate helps to ensure that the views and wishes of the person are conveyed.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. Staff were considerate and supported people in a discreet and dignified manner. Staff took the time to maintain people's independence at every opportunity. One relative told us how staff were "Very understanding of [Person's] behaviour, knew how to deal with it and taught us how to better handle [Person]."
- People were treated respectfully and with dignity. Some staff were dignity champions. They acted as role models to colleagues by consistently promoting dignity and respect, helping to further improve people's experiences of good care.

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 improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff were pivotal in the deliverance of support which was unique to each of the people they supported. For one person, staff recognised that they were living a reclusive and lonely life and required support with physical and psychological needs. Gradually, with staff support, the person grew in confidence. After building up a relationship of trust with a staff member, they were able to enjoy a holiday which had been organised and facilitated by staff. The person enjoyed the holiday so much it inspired them to engage in activities every day. They also reconnected with family members who they had not seen in a long time. Due to the direct support provided by the service, the person's life had changed dramatically and in an extremely positive way.
- The service facilitated opportunities for people which were truly meaningful to them. Staff took the time to find out what people preferred and wanted to do. Staff had helped people participate in activities which had been a life long dream or ambition. Often people were so overjoyed they were then motivated to participate in those activities again.
- The registered manager was instrumental in promoting care that was holistic and inclusive. The service was located in an area heavily populated with people of a certain religious faith. Many of the people being supported had spiritual needs. To meet people's needs and fully support them with their faith, the registered manager attended ceremonies and talks held by senior members of the faith to increase their understanding about its traditions, customs and culture. This knowledge was shared by staff which enabled them to fully support people with those spiritual needs. One person living with dementia would often forget to prepare for a weekly religious ceremony, this would cause the person great distress. Staff understood this and would help the person make preparations in advance, so they did not forget. This ensured the person was able to carry on with what was an extremely important part of their life.

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

- The service promoted the support of people in a holistic way. At the outset, people were asked what they expected from the service, what their desired outcomes were and how they wanted the service to help them achieve this. Staff understood the importance of knowing a person's background in relation to providing truly individualised and person-centred care and support, in line with their wishes. One relative described how staff went 'above and beyond' to get care just right for people. People told us how staff would change the times of their visits to work around people's routines, "If I am going out they [Staff] change the times to suit me and my routine, they centre the care around me and are so accommodating."
- People were at the heart of any care and support plans and their individual wishes, needs and choices were

considered. Emphasis was placed on support being given from the person's perspective. Support records contained information about people's preferences in relation to their support and their background. Care plans were not just used as a formal record of people's support requirements but as an invaluable tool which enabled staff to care for people in the most effective way possible.

- A re-assessment of people's needs was regularly undertaken to ensure that any changes in their needs and goals were identified and planned for. Wherever possible, the person and/or their relatives were involved in this process to ensure that care was delivered in the most person centred way possible. One person told us, "I was involved with my support plan and the staff know me very well."
- People were supported by staff who were familiar to them. Staff used their knowledge about the person to support them in the way they truly preferred. This helped to ensure consistency and continuity of care staff wherever possible.
- People's protected characteristics were recorded such as their religion, culture and sexual orientation.

End of life

- The service was affiliated with Marie Curie. Staff had received training and worked in conjunction with other healthcare professionals to ensure people received dignified end of life care and support. People's end of wishes were met with sensitivity and consideration. One person's relative described how their loved one's faith was "the most important thing in their life." Part of the person's faith meant that it was customary for other members of the faith to visit in their final days to provide comfort. Staff worked around this and often changed the times of their shifts to accommodate the visits and allow the person privacy. The relative also described how staff would visit on their days off to sit with the person and provide emotional support to them and the whole family.
- The service organised and supported a person to attend a fishing trip in their final days. The person was taken on a stretcher to do this as it had been one of their final wishes. As the person had enjoyed fishing trips all their life, this final trip meant a great deal to the person.

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.

- Staff supported people who required assistance with reading or completing paperwork in relation to their care and support. Guidance on how best to communicate with the person was recorded in their support plan.
- Important information such as people's care plans and the complaints policy was provided in alternative formats to ensure that each person's understanding.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place.
- At the time of our inspection the service had not received any complaints. People told us they would not hesitate to contact the office if they had any issues. One told us, "If I had any issues I would call the manager and have confidence they would be resolved."
- The registered manager considered any complaints received and used them as opportunities to further improve the service.

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 good. At this inspection this key question has remained 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

- The philosophy of the service focused on ensuring people received person-centred, holistic care and support in their own homes that met their needs and preferences.
- The service had an effective system to monitor the safety and quality of the service.
- Audits identified actions required to ensure full compliance with the provider's objectives and regulations.

Continuous learning and improving care

- The service was committed to further enhancing the quality of care for the people it supported. The registered manager was keen to further develop relationships with external organisations to help provide better support for people.
- The registered manager was continually reviewing and learning where possible.

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

- The registered manager promoted individualised care and support for people who used the service. They demonstrated transparency and honesty in the running of the service and was well respected by people, relatives and staff alike. People told us, "The managers are good, and the service is well run," "The managers are approachable and hands on" and "I do and have, recommended the service to others."
- The prior inspection rating was displayed within the service's premises in accordance with regulatory requirements.

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

- People were encouraged to put their opinions and views forward. Questionnaires were used to gather feedback, people were also encouraged to feed their views back to staff at any time.
- The registered manager held regular staff meetings. Staff told us that although they found the meetings useful, they felt comfortable to raise any issues or suggestions they had at any time.

Working in partnership with others

- The service worked in partnership with others such as commissioners, safeguarding teams, health and social care professionals and community groups.

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 held regular meetings and discussed any incidents. This helped to further drive the quality of the service.
- The registered manager submitted any required notifications to CQC in a timely way.