

Apple Homecare Limited

# Apple Homecare

## Inspection report

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Date of inspection visit:  
18 March 2016

Date of publication:  
13 May 2016

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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

Apple Homecare provides care for people in their own homes. The service can provide care for adults of all ages and this includes people with a physical disability, special sensory needs and a learning disability. It can also provide care for people who have difficulties with their mental health and for people who live with dementia. At the time of our inspection the service was providing care for 57 people most of whom were older people. The service has its office in Blofield and covers Norwich, Broadlands and surrounding villages.

The service was first registered by us on 22 July 2014. We then re-registered the service on 19 February 2016 because a new private company had been formed to own and run the service. Although the new ownership arrangements did not affect how the service was run, we had to change the registration details so that they accurately described who was responsible for the administration of the service.

Staff knew how to recognise and report any concerns so that people were kept safe from abuse. People were helped to avoid having accidents and they were assisted to safely use medicines. There were enough staff to enable all of the planned visits to be completed on time and background checks had been completed before new staff had been appointed.

Staff knew how to care for people in the right way and they had received all of the training and support they needed. People had been supported to eat and drink enough and to access any healthcare services they needed.

The registered manager and staff were following the Mental Capacity Act 2005 (MCA). This law is intended to ensure that people are supported to make decisions for themselves. When this is not possible the Act requires that decisions are taken in people's best interests.

People and their relatives said that staff were kind and caring. Staff recognised people's right to privacy, promoted their dignity and respected confidential information.

People had received all of the care they needed including people who had special communication needs and were at risk of becoming distressed. People had been consulted about the care they wanted to receive and had been supported to pursue their interests and hobbies. There were arrangements in place to quickly and fairly resolve complaints.

Regular quality checks had been completed and people had been consulted about the development of the service. The service was run in an open and relaxed way, there was good team work and staff were supported to speak out if they had any concerns about poor practice. People had benefited from staff acting upon good practice guidance.

## 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.

Staff knew how to recognise and report any concerns in order to keep people safe from abuse and people had been helped to stay safe by avoiding accidents.

There were enough staff to complete all of the required visits so that people could receive the care they needed including being assisted to use medicines safely.

Background checks been completed before new staff had been employed.

### Is the service effective?

Good ●

The service was effective.

Staff had received all of the training and support they needed.

People had been supported to eat and drink enough and staff had helped to ensure that they had access to any healthcare services they needed.

The registered manager and staff were following the MCA.

### Is the service caring?

Good ●

The service was caring.

People said that staff were kind, caring and compassionate.

Staff recognised people's right to privacy and promoted their dignity.

Confidential information was kept private.

### Is the service responsive?

Good ●

The service was responsive.

People had been consulted about the care they wanted to receive.

Staff had provided people with all the care they needed including people who had special communication needs or who could become distressed.

People had been supported to make choices about their lives including pursuing their interests and hobbies.

There were arrangements in place to quickly and fairly resolve complaints.

**Is the service well-led?**

**Good** ●

The service was well-led.

People had been invited to contribute to the development of the service.

Quality checks had ensured that people received all of the care they needed.

Steps had been taken to promote good team work and staff had been encouraged to speak out if they had any concerns.

People had benefited from staff acting upon good practice guidance.

# Apple Homecare

## **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 registered persons were 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.

Before our inspection visit to the service we reviewed notifications of incidents that the registered manager had sent us in the preceding 12 months. We also spoke by telephone with five people who used the service and with eight of their relatives. We did this to obtain their views about how well the service was meeting people's needs. In addition, we spoke by telephone with four members of staff (care workers) who provided care for people.

We visited the administrative office of the service on 18 March 2016 and the inspection team consisted of a single inspector. The inspection was announced. The registered manager was given a short period of notice because they are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection.

During the inspection visit we spoke with the registered manager and with two care coordinators who organised the visits completed by care workers. We also spoke with two field care supervisors who checked to see that people were receiving all of the care they needed. In addition, we spoke with the training manager and the quality assurance consultant. The quality assurance consultant had been employed by the registered persons to advise them on how best to ensure that people consistently received a good standard of care. We also examined records relating to how the service was run including visit times, staffing, training and health and safety.

# Is the service safe?

## Our findings

People said that they felt safe when in the company of staff. A person said, "I look forward to seeing the staff and it's a great comfort to me knowing that they'll be here and that I'll get all the help I need and I'm not on my own." Relatives were reassured that their family members were safe. One of them said, "I can't get to see my family member every day and it's a great reassurance to know that Apple Homecare staff are going in to see them."

Records showed that staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved.

We saw that the registered manager had taken appropriate action when there had been concerns that a person might be at risk of harm. This was because a member of staff had not spoken to them in a kind and respectful way. Records showed that the registered manager had responded correctly by investigating what had happened. We noted that effective action had been taken to help prevent the same thing from happening again including disciplinary action and the provision of additional training for the member of staff concerned. We also noted that the registered manager had apologised to the person concerned who had said that they considered the matter to have been resolved. Records also showed that when the concern had first been raised the registered manager had alerted the local safeguarding authority. This action had enabled the local authority to establish if any further steps needed to be taken to protect the person from the risk of experiencing care that was not safe.

Records showed that staff had identified possible risks to each person's safety and had taken action in consultation with health and social care professionals to promote their wellbeing. An example of this involved staff liaising with health and social care professionals so that people who had reduced mobility could be safe and comfortable when changing position. This included people benefiting from having special hoists that were adapted for their particular needs. We noted that the registered manager had systems in place so that if an accident or near miss occurred steps could quickly be taken to help prevent the same thing from happening again. An example of this included a person being assisted to use a microwave oven rather than their main cooker. This was necessary because the person had misused the cooker and this had increased the risk of there being a fire. We also noted that staff regularly assisted people to check that their alarm pendants were working in the correct way. This helped to ensure that people could reliably call for assistance whenever it was needed. A relative said, "The staff don't just do the minimum they genuinely care. I know that the manager arranged for my family member to have a free smoke alarm installed which says everything about the service's commitment to the people they care for."

Records showed that staff had received training and support to enable them to assist people to use medicines as intended by their doctors. People said and records confirmed that staff had provided the

assistance people needed to take their medicines at the right time and in the right way. A person said, "The carers help me with my tablets and they make sure that I don't run out. I think that they speak with my relatives and they get it sorted out between them."

We found that there were enough staff to reliably complete all of the visits that had been planned. We noted that staff usually worked in the area where they lived with each care worker being allocated a number of visits to complete at particular times each day. Records showed that on nearly all occasions these visits had been undertaken at the right times so that people were reassured that their care was going to be provided in line with their expectations. A person said, "The time keeping is remarkably good given all of the traffic the staff have to deal with. If they're a bit late on the odd day there'll be a good reason for it and someone will telephone me if it's going to be a significant delay." Another person said, "I know when to expect to see the staff and they're pretty much on time every day. There was one day when they had been held up because a previous call had overrun and the office staff telephoned me to let me know." A relative said, "I don't have any problems with the organisation of the service. My family member tells me that the staff are reliable and I can see from the records that the staff turn up when they should and stay for the right amount of time. Some of the visits are longer than the staff are paid for."

We examined the background checks that the registered manager had completed before two members of staff had been appointed. Records showed that a number of checks had been undertaken. These included checks with the Disclosure and Barring Service to show that the staff in question did not have relevant criminal convictions and had not been guilty of professional misconduct. Other checks included obtaining references from relevant previous employers. These measures helped to ensure that staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

## Is the service effective?

### Our findings

The registered manager said that it was important for staff to receive comprehensive training and support in order to ensure that their knowledge and skills remained up to date. Staff told us and records confirmed that new staff had received introductory training before they worked without direct supervision. This training included staff completing a number of exercises to demonstrate their competency in line with the national standard required by the Care Certificate. We also noted that established staff had been provided with the refresher training in key subjects such as how to safely assist people who had limited mobility and first aid. Records showed that staff had regularly met with a senior colleague to review their work and to plan for their professional development.

We found that staff had the knowledge and skills they needed to consistently provide people with the care they needed. An example of this involved staff telling us how they assisted people who needed to be helped using a hoist. We noted that they suitably described how to safely use the equipment including occasions when two staff needed to work together in order to correctly deliver the assistance in question. Other examples included staff having the knowledge and skills they needed to help people keep their skin healthy, promote their continence and to achieve good standards of hygiene so as to reduce the risk of people acquiring infections. A person said, "I usually have the same member of staff call to see me or if not it'll be someone I've seen before. They all know me really well and I get the help I need. I don't have any problems with the staff because they know what they're doing."

The 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. We found that the registered manager and staff were following the MCA in that they had supported people to make important decisions for themselves. This had involved consulting with people who used the service, explaining information to them and seeking their informed consent. Some people who used the service gave examples of this when they described how staff had explained to them why they needed to carefully use medicines in the manner prescribed by their doctor. Another example involved the way that staff had gently encouraged people to make the right decisions to enable them to stay safe by checking the identity of people ringing their doorbell before opening the door to them.

Records showed that on a number of occasions when people lacked mental capacity the registered manager had contacted health and social care professionals and relatives to help ensure that decisions were taken in people's best interests. An example of this involved the registered manager liaising with a relative and with healthcare professionals after staff had become concerned that a person who lacked mental capacity was at risk. This was because they were significantly overweight and were not managing their diet in the correct way. We noted that as a result of this action steps had been taken to establish what further measures need to be taken to ensure that the person was supported in the right way so that their best interests were promoted. A relative said, "The staff have contacted me on a number of occasions when there's been an issue that has needed me to be involved. I've been struck by the assistance being much



more active than an old fashioned home care service where staff do their calls and that's the end of their involvement. "

We noted that when necessary people had been provided with extra help to ensure that they had enough to eat and drink. Records showed that some people were being given gentle encouragement to eat and drink regularly. This included staff preparing and serving food for people who might otherwise have not been provided with a hot meal. We also noted that staff kept a record of what some people had eaten and drunk during each visit so that they could respond quickly if any significant changes were noted. A relative said, "I certainly want the staff to continue to make sure that my family member has enough to eat and drink. I know that the staff do spend a lot of time encouraging my family member and I appreciate it."

People said and records confirmed that they had been supported to receive all of the healthcare services they needed. This included staff consulting with relatives so that doctors and other healthcare professionals could be contacted if a person's health was causing concern. A relative said, "The staff do keep a check on my family member's health and they're straight on the telephone to me or direct to the doctor if they've got any concerns."

# Is the service caring?

## Our findings

All of the people who used the service with whom we spoke were positive about the quality of care they received. One of them said, "I'm very pleased with the service I get from Apple Homecare because the staff are kind and polite." Another person said, "I find the staff to be helpful and always polite. I look forward to seeing a bright smile first thing in the morning when my care worker calls to help me out of bed." Relatives were similarly complimentary and one of them said, "Knowing that the staff are calling to see my family member is a weight off my mind." These positive comments were also reflected in written feedback received by the service.

People said they were treated with respect and with kindness. A person said, "The staff aren't at all bossy and quite rightly they remember that they're in my home and they act accordingly." Another person said, "My care worker always asks me if I want anything else doing and if it's not making her late for someone else she'll often just sit and have a chat with me over a cup of tea in her own time. It makes my day."

We noted that staff knew about things that were important to people. This included staff knowing which relatives were involved in a person's care so that they could coordinate and complement each other's contribution. In addition to this we noted that staff recognised that some people needed assistance to send birthday and Christmas cards to family and friends. A person said, "I can't get down to the post box any longer but my care worker always offers to post things for me on her way home and in the past she's even gone in to the post office for me because I've run out of stamps. None of this is her job and she does it because she's kind."

Records showed that most people could express their wishes or had family and friends to support them. However, for other people the service had developed links with local advocacy services that could provide guidance and assistance. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

We noted that staff recognised the importance of not intruding into people's private space. Records showed that when people had been first introduced to the service they were asked how they would like staff to gain access to their homes. We saw that a variety of arrangements had been made that respected people's wishes while ensuring that people were safe and secure in their homes. In some instances this entailed staff knowing how to obtain the keys to people's homes if they preferred not to answer their door bell.

Staff told us that they had received guidance about how to correctly manage confidential information. We noted that they understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need-to-know basis. In addition, we found that staff were aware of the need to only use secure communication routes when discussing confidential matters with each other. An example of this was staff saying that they never used social media applications for these conversations because other people not connected with the service would be able to access them.

We saw that records which contained private information were stored securely in the service's computer

system. This system was password protected and so could only be accessed by authorised staff.

## Is the service responsive?

### Our findings

Each person had a written care plan a copy of which was left in their home. People said that they had been invited to regularly meet with a senior member of staff to review the care they received to make sure that it continued to meet their needs and wishes. A person said, "One of the senior staff calls to see me now and then and she asks me how I'm doing with my care worker and to see if I need anything more. I've told her that in general I'm very satisfied with the help I get."

People said that staff provided all of the practical everyday assistance that they needed and had agreed to receive. This included support with a wide range of everyday tasks such as washing and dressing, using the bathroom and getting about safely. A person said, "I have my own ways after being alive for so long and the staff know that. They very much fit around me and not the other way around." We examined records of the tasks three different staff had completed during six recent visits to three people. We found that the people concerned had been given all the practical assistance they had agreed to receive in their care plans.

Staff were confident that they could support people who lived with dementia and had special communication needs. We noted that staff knew how to relate to people who expressed themselves using short phrases, words and gestures. An example of this involved a member of staff describing how they used indirect observations to establish when someone was not feeling well. They said that they could often tell because the person would be out of sorts from the start of a visit including being unusually delayed when opening the door to them. In addition, staff knew how to effectively support people who could become distressed. A member of staff illustrated this by describing how they reassured a person when they became anxious. This involved sitting quietly with the person, giving them a cup of tea and chatting about subjects such as their respective families.

Staff understood the importance of promoting equality and diversity and we noted that they had been provided with written guidance about how to put this commitment into action. An example of this involved the way in which people had been consulted about the gender of the staff who they wished to invite into their homes when it was to provide them with close personal care. In addition, we noted that the registered manager knew how to support people who used English as a second language. They knew how to access translators and the importance of identifying community services that would be able to befriend people by using their first language.

Staff had supported people to pursue their interests and hobbies. An example of this involved some people being supported to go shopping. Other examples involved staff re-arranging the times of visits so that people could attend events such as social clubs and family gatherings. A person said, "The staff are very flexible and they're quite happy to change a visit around if it's necessary. It might be that my daughter decides to call to see me and then there's no need for me to have one of my usual calls."

People and their relatives had received a document that explained how they could make a complaint. The document included information about how quickly the registered manager aimed to address any issues brought to their attention. In addition, we noted that people had been given a stamped addressed envelope

to use if they wanted to register a concern by post. Records showed that in the 12 months preceding our inspection the registered manager had received one complaint. We found that the registered manager had promptly investigated the concern including speaking at length with the members of staff involved and examining relevant records. We noted that although the complaint had not been upheld, the registered manager had gone on to assist the complainant because they were upset about other problems in their life with which they needed help.

## Is the service well-led?

### Our findings

We saw that senior staff had regularly completed quality checks to make sure that people were reliably receiving all of the care they needed. These checks included reviewing records of the care that had been provided to confirm that that people's medicines were being safely managed and that people were correctly receiving all of the assistance they needed and wanted. Records also showed that senior staff were regularly completing 'spot checks'. These were usually unannounced and involved a senior colleague calling to a person's home while a care worker was completing a visit. Records showed that during these spot checks the senior member of staff consulted with the person using the service and observed how well their care was being provided. A person speaking about these checks said, "I quite like to see the senior lady, not for her to check on anything but because we can have a cup of tea and a chat."

People and their relatives said that they were asked for their views about the care they received as part of the everyday conversations they had with staff. In addition, records showed that people had been invited to complete an annual quality assurance questionnaire to give their views about how the service could be further improved. We noted that action had been taken to introduce suggested improvements. An example of this was new arrangements that had been made to inform some people when a change had to be made because their usual member of staff was not available to complete a particular visit to their home. This involved sending people a list of the staff who were due to call to their homes during the following week. A person spoke about this matter and said, "I like to be told about any changes so I know who to expect. The office staff now send me a list to say who'll be calling and also they usually telephone me if there's going to be a last minute change."

We noted that in addition to this people and their relatives had been invited to attend a social gathering where they could meet with each other and with staff to discuss how well the service was doing. Records showed that the registered manager had provided food, drinks and music to make the meeting an enjoyable and relaxed occasion that encouraged people to give feedback about their experience of using Apple Homecare.

People said that they knew who the registered manager was and that they were helpful. We noted that the registered manager knew about important parts of the care people were receiving. In addition, they knew about points of detail such as which members of staff were allocated to complete particular visits. This level of knowledge helped them to effectively manage the service and provide guidance for staff.

We found that staff were provided with the leadership they needed to develop good team working practices. These arrangements helped to ensure that people consistently received the care they needed. One of these measures involved there always being a senior colleague on call if staff needed advice during the evenings, nights and weekends. Staff told us about another measure when they described how they always read the records that were kept in each person's home. These described the care that had been provided and noted any changes which needed to be made. Staff said that this arrangement helped to ensure that they provided flexible support that responded to people's current needs. We also noted that the service operated a small fleet of cars that were available for staff to use if they were having problems making their own transport

arrangements. This provision was an example of good leadership because potential problems with transport had been anticipated before they occurred so that visits could be completed as planned.

In addition, we noted that all staff were invited to attend regular staff meetings. Records showed that these meetings were used as an opportunity for staff to discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

We found that there was an open, relaxed and friendly approach to running the service. Staff said that they were well supported by the registered manager and senior staff. They also said that they were confident they could speak to a senior colleague if they had any concerns about the conduct of another staff member. Staff told us that this reassured them that robust action would be taken if they raised any concerns about poor practice.

We saw that the registered manager recognised the importance of ensuring that people who used the service benefited from staff acting upon good practice guidance. An example of this was the way in which the registered manager had joined a national scheme that is designed to promote good standards of care for people who live with dementia. We noted that the principles of the scheme were reflected in the guidance provided for staff so that they could provide care that recognised people's special needs and promoted their dignity. Other examples involved the service having received commendations at the Norfolk Care Awards in 2015 and 2016 in relation to promoting good standards of practice in end of life care and staff training.