

H White Ltd

# Apollo Care (West Wirral)

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 25 October and 2 November 2016. 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.

Apollo Care West Wirral provide personal care for 31 people living in their own homes in the geographical area of West Wirral. On the first day we visited the organisation's office; on the second day we visited five people in their homes who were happy to speak with us about the care they received.

The organisations 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 felt the service they received was safe. Staff members wore a uniform, carried identification and people were sent a weekly rota to identify which staff member was coming. When we visited people we saw that the staff rota was close to hand. People told us that apart from occasional times, the support they received was from familiar staff and that this was important to them.

We found that there were adequate staff to meet people's care needs. People told us that they received their calls at the right time and that staff stayed for the full time as outlined in their care plan and rota. One person told us that they appreciated that the staff "Had enough time for a chat". Another person told us, "They are observant and if they spot something that needs doing they ask if I want them to do it".

New staff had been safely recruited, with robust checks made of people's skills, knowledge and background. We saw records of and staff told us they received a thorough induction which included a week of training, a period of shadowing an experienced member of staff, three months of monthly supervision, 'spot check' observations and staff team meetings. Staff we spoke with praised the training they received. One staff member told us, "The induction was really useful, it refreshed my skills and gave me confidence in the role".

All staff we spoke with were knowledgeable with regard to safeguarding vulnerable adults. They were aware of the different types of abuse and possible signs to look out for. Staff were aware of their responsibilities to report this within the organisation and if necessary to outside organisations.

We saw that appropriate risk assessments were in place for different aspect of people's care. There was also a record of any accidents, incidents or near misses. The record of incidents was detailed and we saw examples of when incidents had been learnt from and actions that had been taken to keep people safe.

People told us they felt well cared for and the approach of staff and the service was caring. People's feedback about their care was without exception positive. One person told us, "They are so nice; I'd

recommend them to anyone". People told us of times when they thought the support they received went above and beyond in their care and how they found this reassuring.

We saw that people were treated with dignity and respect and staff had been trained in the application of the Mental Capacity Act. People's consent to care was sought when it was planned with the person, during regular reviews and on a day to day basis in making decisions.

People's care plans were clear, up to date and reflected the care people received and had agreed to. We saw that there was an initial review of a person's wishes and care needs and this had been regularly reviewed by a senior member of staff once a person's care had started. Care plans recorded people's preferences with regard to how they wished their personal care to take place. The care plans recorded any small details when they were important to a person. People received support to make sure their nutritional and other health care needs were met.

We looked at the organisation's record of complaints and compliments. We saw that the service had received many compliments and also that complaints had been taken seriously and responded to and reviewed for themes that the organisation may need to address.

We saw that the registered manager had an individualised and detailed knowledge of the care people received. People supported and staff praised the manager, her style of management and attention to people's care. The service had been nominated for a regional award and was in the final.

The manager made use of a computerised system that highlighted when checks, reviews and tasks were due. Many of the checks and audits of the quality of the service provided had been effective. The manager or another senior member of staff made regular unannounced 'spot checks' of staff member's performance. This included the time the call was made and if people's care plans were followed. Care plan reviews were thorough and we saw that the care of people we spoke with matched the information in their plan.

However there was no system in place to audit people's MAR charts for completeness or to look for reasons for, or patterns of gaps in the records. Also, all notifiable events had not all been reported to the Care Quality Commission and the local authority. On the second day of our visit the registered manager had put these systems in place along with a review of people's daily care communication records. We found the manager to be open, candid and quick to respond to concerns highlighted.

The registered manager used questionnaires as another way of gaining people's views. People told us they thought these were useful and enjoyed receiving these. We looked at the feedback from questionnaires and found the feedback to be overwhelming positive.

Apollo Care West Wirral has also achieved the Investors in People Bronze Award. At the time of our inspection the provider had reached the final with six other organisations in the north west for The Regional Great British Care Awards, in the category of best employer.

## 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 told us they felt safe with the care they received.

People's home calls were made at the right time and were for the agreed length of time. There were sufficient staff to be able to achieve this.

Staff were knowledgeable about safeguarding vulnerable adults. Accidents and incidents were recorded and dealt with.

New staff had been safely recruited with a robust recruitment and induction process.

### Is the service effective?

Good ●

The service was effective.

Staff had received the training they needed to do their role well in meeting people's needs. Staff also received on-going support with regular supervisions, feedback from spot checks and staff team meetings.

The service operated within the principles of the Mental Capacity Act 2005. People were involved in the planning and delivering of their care. People's consent was sought in big and small matters.

People received support to make sure their nutritional and other health care needs were met.

### Is the service caring?

Good ●

The service was caring.

People and their family members told us the staff and the registered manager were kind and caring.

People's preferences and requests were treated with importance. People were kept informed with a weekly rota plan of their calls and update phone calls from the office. People found this reassuring.

People told us of examples of when they had been impressed with the caring nature of their support.

The manager promoted a caring culture in which praise received from people and staff helping people was recognised.

### Is the service responsive?

**Good** ●

The service was responsive.

People's care needs had been assessed and regularly reviewed. Care plans were person centred and reflected people's needs and preferences.

A record was kept of complaints. Minor complaints were taken seriously and all had been dealt with appropriately.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well led.

People and staff told us they thought the service was well led. They praised the manager, her style of management and attention to people's care. The service had been nominated for a regional award and was in the final.

The manager ensured that audits and checks of the quality of the service were undertaken. We found many of these to be effective. However audits of medication administration records (MAR) and communication logs were not effective.

All notifiable events had not all been reported to the Care Quality Commission.

# Apollo Care (West Wirral)

## **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 14 October and 2 November; the first day was unannounced. The inspection was completed by an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. We checked that we had received these in a timely manner.

We also contacted the local authority quality assurance team for their feedback.

We visited five people who received care from the organisation. We looked at their care plans and spoke with them about the care they received. We also spoke with three 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 rotas and the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe with the care they received in their homes. One person told us, "Apollo are good, I get the help I need". Another person said, "I am very confident in them". One person told us about their carers, "I trust them; one carer found a pound coin in the front of the house and handed it to me". People's relatives told us they had confidence in the service their family members received. One person's family member had written to Apollo Care stating that they were, 'Reassured, knowing he is being well looked after and in good company'. Another relative told us, "We are quite happy with the care she gets".

Apollo Care West Wirral staff members wore a uniform and carried photo identification which helped people identify them as carers working for Apollo Care West Wirral. Also people were sent a weekly rota showing which staff were calling each week, so they knew who to expect. If people were not able to answer the door to their homes an arrangement was made for a 'key safe' to be suitably placed, keeping access to people's homes secure.

In people's care plans there was time recorded for when the person required their call. For some people the timing was very important, for example for people to be supported with their medication or for people's meal times if diabetic. People told us that staff arrived at or close to the specified time.

We found that there were adequate numbers of staff to meet the needs of the people supported. We looked at staff rotas and saw that sufficient time was planned in staff schedules for the full time of people's calls and staff travel time in between calls. This helped to ensure that staff had time to give people the care and support they required. One person told us, "They always stay for the full time they are supposed to stay". Another person told us they appreciated that the staff, "Have enough time for a chat". Where people's care required help from two staff members this had been identified and planned for. One person who received support from two carers told us, "The calls are organised, we always have two carers". As part of the manager's unannounced 'spot checking' system we saw that staff arrival times, use of uniform and identification was periodically checked.

We saw that new staff had been recruited safely. We looked at the staff files for four members of staff. We found that staff's photographic identification, proof of address and right to work in the UK had been checked.

Candidates applied for roles within the service by filling out an application form which asked them about their previous employment, experience and skills. Those that were successful attended an interview. The manager told us that the interview was based on the person's values and experience. They told us they were involved in all staff interviews and told us that, "People's character is very important to me". They added that they are looking for staff members to have initiative, reliability, flexibility, empathy and experience of life and interacting with people. We saw notes from staff's interviews on their staff files.

We saw that the organisation sought two references for new staff members before they started; one of them was from the job applicant's previous employer. There were records that showed the referee was contacted

to confirm their identity and inform them of the reference request before it was sent. This helped to verify the references.

For new staff the provider undertook a criminal records check using the Disclosure and Barring Service (DBS). The DBS carry out checks to help employers make safer recruitment decisions and help prevent unsuitable staff from working with people who use care and support services.

The manager told us that if a person applied who had a criminal conviction the manager discussed this with the applicant and more information was obtained before they made a decision about recruitment based upon risk. However the manager did not keep any records of this process or of the rationale behind the decisions made. The manager told us they would in future document the risk assessment process for recruitment decisions.

Staff files contained an employment contract and job description along with some of the service's key policies that the staff member had signed as read. This helped to ensure that staff were aware of their responsibilities in their role. The registered manager completed an audit of staff files every three months.

Staff we spoke with were knowledgeable about safeguarding vulnerable adults. Staff received safeguarding training as part of their initial training. Staff were aware of the different ways a vulnerable adult could be abused and knew what clues may indicate a person is being abused in some way. Staff knew who to contact if they had any concerns and which organisations they could go to outside of Apollo Care West Wirral if appropriate to do so. We saw in staff supervision notes that they were reminded of who they could speak to if they had any concerns.

We saw that people who were assisted with their medication in some way had this clearly documented in their care plan. We saw that records were kept of the medication administered on a medication administration record (MAR). If a person administered their own medication we saw that there was a self-administration risk assessment. We saw in people's care plans that if a person needed support applying a medicated cream, there were clear guidelines along with medical information sheets about the cream. Any application was recorded, so that this was done effectively and safely. We saw that changes to people's medication and creams were reported to the office.

The registered manager and carers we spoke with told us that carers made a weekly visit to the office to pick up their rota for the following week and to pick up any necessary supplies of gloves, aprons and hand sanitising gel provided by the organisation. The carers held a stock of these supplies in their cars which ensured they were available for each visit they made.

We saw that appropriate risk assessments were in place for different aspects of people's care, such as safe moving and handling for people who need support with their mobility. We also saw that environmental risk assessments had been completed including fire risk. If there was a high risk of harm in a fire the local fire service were made aware of this. We saw that these assessments also checked that the relevant safety checks had been made to any hoists and lifting equipment and people told us that staff made regular checks of their smoke alarms.

When carers supported people with shopping and handled money on their behalf the staff obtained a receipt and used a 'financial transaction log sheet' recording the transaction. This was signed by the carer and service user, helping to keep people's money safe and transactions clear.

The registered manager kept a record of any accidents, incidents or near misses. These included a body



map if a person sustained any mark, bruise or injury. The record of incidents was detailed and we saw examples of when incidents had been learned from and actions taken to keep people safe.

## Is the service effective?

### Our findings

People gave very positive feedback about the carers who regularly visited them. One person told us they thought that the, "Staff are well trained". Another said, "They are good at what they do". People also gave positive feedback about the support they receive when contacting the organisation's office. One person said, "I can call the office; they are friendly and helpful. At the weekend we call on-call if we need to; somebody always answers". Staff we spoke with told us that they enjoyed their role as carers. One staff member told us, "I love the relationships I've built up with people".

New staff received a thorough induction which included a period of shadowing an experienced member of staff. The registered manager told us that this was typically for a minimum of 16 hours, in three shifts working alongside an experienced staff member. There were records of the shadow time that new staff had received, on their staff files. We saw that one of these records had highlighted additional training needs for a new staff before they were ready for their role. This showed that the induction had been effective in identifying this need.

Within the first three months new staff members had three formal supervision meetings with a senior staff member and also three unannounced 'spot check' observations of their practice in caring for people. When looking at staff member's files we saw that the spot checks had at times highlighted areas for improvement and that these had been followed up by the registered manager with the staff member. This showed that the spot check system had been effective.

At the start and the end of the induction process new staff members were asked for three words that described how they felt. At the start of their induction process one staff member stated they felt, "Nervous, excited and optimistic". At the end they stated they felt, "Professional, friendly and enthusiastic". This allowed the registered manager to gain staff feedback about the induction. The induction process allowed the manager to assure themselves that new staff members were equipped with the skills and knowledge for their role. New staff also received a staff handbook.

One staff member told us, "The induction was really useful, it refreshed my skills and gave me confidence in the role". The registered manager told us that they spent time with new staff members before they were signed off at the end of their probation. They told us that they spent a couple of hours with the new staff member observing their practice and discussing the organisation's ethos and the support people needed as outlined in their care plans. They added, "I always do the last shadow with new staff members".

Staff had regular supervision meetings with a senior member of staff. Every second meeting there was a questionnaire that staff filled in beforehand; these questions were based on scenarios that may come up in the staff member's work. This gave additional topics to discuss during the meeting and allowed the supervisor to gauge areas for improvement. Staff told us they thought the supervision meetings were supportive for them in their role. One staff member told us, "I feel valued and feel I can talk to the managers". Staff told us they also had staff team meetings. We saw the minutes of several recent meetings.

New staff completed a week of face to face training that covered the 15 standards of the Care Certificate as recommended by Skills for Care. Skills for Care are a government agency that provides induction and other training to health and social care staff. We saw that staff completed comprehensive workbooks for each standard, which helped the registered manager gauge staff member's understanding of the training. Some staff told us they were being supported to complete an additional qualification in social care. Staff told us they received training in safeguarding vulnerable adults, medication, the Mental Capacity Act and safer moving and handling of people. One staff member told us that they wanted refresher training in one aspect of their role. This was arranged for them, to help support the staff member to be confident in their role.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In the case of where support is provided in people's own home, applications must be made to the Court of Protection.

The service operated within the principles of the MCA. People we spoke with told us they were treated with respect and their consent to their care was sought. One person said about the care staff, "They always ask, do you want me to help you?" We saw that people had been involved in compiling their care plans and that reviews were signed by the person. We saw documented that permission to handle people's medication was given and recorded. We noted that as part of people's initial assessment, their ability to consent to their care was ascertained. Staff told us that it was important to gain people's consent before planning and providing care for a person.

People who were supported to prepare, cook or shop for food as part of their care plan told us this was done well. People said that the carers responded to their food preferences. One person said the staff once a week, "Check and ask if I would like a chip shop meal". Another person told us, "I asked for some pork pies on one visit and they got me some". If people required support with their nutritional intake this was recorded by the care staff.

We saw that people were supported with their health care needs and to access medical professionals when necessary. We saw examples of when care staff had been vigilant in supporting people to access healthcare. Care staff told us that the staff in the office supported them if they had any concerns about a person's health. One staff member told us of a recent example when they were helped organising a GP visit for one person. Staff said they also felt confident having the back up from a senior member of staff on the on-call phone, who is able to visit if needed to support people access healthcare.

## Is the service caring?

### Our findings

All the people and their relatives we spoke with told us they felt well cared for. Some examples of this included one person who said, "It's so nice that they care so much" and another person told us, "They are so nice; I'd recommend them to anyone".

The care staff told us that they were proud to work for a caring organisation. One staff member told us, "The clients are put first always. Happy staff provide good care. The manager puts people above herself; she is interested in people and very caring". Another staff member said, "I've worked for a few care organisations, this has been the best. The care here feels good".

We saw that there had been written compliments and thank you cards received in the office. We looked at a sample of these. One person's family had written, 'Thank you so much for looking after [name] which allowed him to stay in his own home for longer. Your kindness was very much appreciated'. Another family member had written, 'You identified with my mum on a level I would only have expected a family member to'. A builder working for a time at a person's home had been so impressed with the care they saw, they phoned into the office to say so.

The computer system used to schedule people's care made the registered manager aware of people's upcoming birthdays. They passed this information onto the staff visiting so they were able to arrange a card and make sure people's birthdays were not missed. This supported people in their emotional wellbeing.

The manager promoted a caring culture. For example we saw that a thank you card had been received relating to a particular member of staff. The card was copied and put into the staff members file for a record of their performance and recognition in the form of positive feedback was given to the staff member involved for being caring.

We noticed this culture during our time in the office. Care co-ordinators took phone calls from people and treated people with kindness, empathy and patience and showed concern if they had a problem. We heard conversations that showed that people were being cared about. People's interactions with staff showed us that they felt comfortable and at ease with the staff.

We saw that people's privacy and dignity was respected by staff and in the way their service was delivered. People's confidential information was protected in the office, records were made in a respectful way and only necessary information was held securely. Personal care was provided in a dignified way that respected people's privacy and in accordance with people's preferences.

When we visited people with the registered manager it was clear that people had warm relationships with her and some people hugged her when she entered their homes. One person told us she was "Really, really touched" that when their husband became ill and they were unable to accompany them to hospital the registered manager, "Went in the ambulance with him". The person told us they found this so reassuring. Whilst we were visiting people with the registered manager she made an extra call on a person who wasn't

well. It was clear from their interactions that the manager had a positive and caring relationship with the person.

The registered manager arranged for each person to have a rota for the following week showing which carer would be making each visit. One person told us, "Getting the rota is a good idea. People like to know who's coming".

## Is the service responsive?

### Our findings

People were very positive when they told us about the support they received. One person told us about the staff, "They are brilliant, a good crowd. They are very helpful". Another person told us, "I just couldn't imagine being without them". A third person said about their care staff, "They are observant and if they spot something that needs doing they ask if I want them to do it".

The registered manager told us that, "Our service is designed to fit in with people's lives, routines and habits". The organisation arranged visits at a time to suite the person supported. Typically these were arranged between 8am and 10:30pm. The registered manager told us that at times they have provided overnight support if this has been requested by somebody known to them but at the time of our inspection this was not a service they offered.

Carers travelled between people's homes, typically making 30 minute visits. The registered manager showed us the organisation's care management system which allocated specific carers to specific visits. The system took into account the carers travel time and allocated this on top of the time of the arranged visit into the care workers shift. The manager told us that this was to make sure the carers spent the full allocated time with each person and did not become rushed. Staff told us that they were not rushed and get enough time to do what they needed to do. The system also enabled them to allocate carers who were familiar to the person to provide their care. People were positive about this and told us that this worked. One person told us, "I get the same people, I find getting the list (rota) useful". Another person said, "I get regular people, more or less".

People told us that they received a weekly rota of their visits and which carers were allocated to the calls. People were very positive about this. One person told us, "I have a rota, it's a good idea. People like to know who's coming. Usually it's right, except in emergencies. It's important to have regular people, so you can feel confident with them". Another person said "If I don't know a name on the rota I get information about them, they first come with an experienced member of staff". One person told us that they were impressed they had been sent out a form asking them about their support needs over Christmas if these stayed the same, increased or decreased. This made sure the service could plan to meet people's changing needs.

We spoke with a care co-ordinator who was involved in initially assessing people's care needs when they enquired about the service from Apollo Care West Wirral. There was an assessment pack that prompted questions which make sure that the service was able to safely meet people's support needs and preferences. For example people are asked what times they needed their calls, if they preferred care from male or female staff, older or younger carers. This meant that people's care was individualised and person centred from the start.

When we visited people we saw that their care plans reflected the care they needed. The plan identified the reason for the visit, such as for personal care, medication, meal preparation, household tasks and other reasons such as shopping. The care plan contained the person's agreed schedule and had individualised and specific guidance on the person's needs, preferences and how to keep the person as safe and healthy as

possible. We also saw that the care plan contained information on and moving and handling techniques that had been agreed with the person. The plans contained information on people's preferences and notes on a person's background that they wanted to share. For example one person's plan outlined which lights they wanted leaving on at the end of their evening visit. Another contained details of how a person liked their laundry organising. These were things that were important to people.

There was a log of daily care given to each person. We saw that these were detailed and that people's care plans were up to date and used by staff. One person told us, "Staff come in and read the care plan. They make notes on every visit".

People's care plans were audited every six months or sooner if people's needs changed. We saw records which showed the service had a history of doing this and that audits had at times led to updates being made to people's plans. One staff member who was involved in reviewing people's care plans told us they, "Make sure the care plan matches people's needs, they are current and relevant and that we are listening to people". They added that carers called the office to update them of any changes in people's care needs or medication.

People we spoke with were happy with their care and told us it met their needs. They told us that the service they received was responsive, met their needs and at times went above and beyond their expectations. For example one person said, "I got a new Hoover and staff helped to set it up". Another person told us, "They look after me fine. I go shopping with them, I'm not stuck in. It's better than it being done for you, when you go you spot things you may like". A third person told us of a time when they had an emergency tell us, "I once had an additional support call. I got help in half an hour, it's very reassuring". Another person told us that they had recently received an extra call from the registered manager to help them try and sort out a faulty boiler.

We saw examples of people being reassessed for their care needs after a period of time. We saw that on occasion the registered manager reduced people's calls if it was agreed with the person that they had not been necessary. This was to avoid making unnecessary calls using people's resources that they may need in the future.

We looked at the organisation's records of compliments and complaints. We saw that documented complaints had been treated with seriousness, recorded and addressed. There had been a small number of complaints; for the most part the complaints related to people's preference of carers on their rotas or changes of carers. The manager showed us that the rota system allowed them to record the carers that people preferred and got along best with, on a preference list. They showed us how they made use of this system when compiling rotas to match people's visits to the carers they preferred and had built a relationship with. We saw that the registered manager used this information to look for patterns in people's concerns that may indicate a problem.

## Is the service well-led?

### Our findings

We saw that the registered manager had an individualised and detailed knowledge of the care people received and their circumstances. When visiting people they showed an interest and were able to ask about people's family and it was clear they were up to date with people's needs and recent events in people's lives. It was obvious that people we visited personally knew and had a good relationship with the registered manager.

One staff member told us about the registered manager, "If I have a problem she bends over backwards to help, she's very approachable. If I or anyone supported has a problem, I feel comfortable bringing it up". Other comments included, "She's the best manager I've ever worked for" and "The boss is lovely, she interacts well with people. She is present, not just on the phone; she's one of the team".

The registered manager told us, "A personal approach is very important to me. It's important for me to know about each person's care". They told us that they still make some care visits to people's homes telling us it was good to keep, "Contact with our clients and their families. When I visit I get informal feedback on staff. Sometimes people see me and say, 'I've been meaning to ring you'. It keeps me in touch".

The registered manager used a computer system to plan people's care and to keep records that were used to audit the quality of the care. The system showed the registered manager when tasks were upcoming, due and overdue using a red, amber and green system. This meant that the manager was aware of when staff member's supervisions, appraisals, training and spot checks were due and when people's care plans needed reviewing. Staff files were also audited every three months to ensure that they contained up to date information.

The provider used a computerised rota system which helped the manager to ensure that every person's call was allocated to a specific carer in an organised way. We saw that the system recorded people's carer preferences which was person centred. The system also kept a record of when a person had requested not to have a certain carer. If patterns arose, this information was used to assess a staff member's performance.

To ensure the quality of care provided to people the registered manager arranged for unannounced spot checks to be completed. These were completed by the registered manager or another senior member of staff. The spot checks checked the arrival time of the carer to check it was close to the agreed time in people's care plans, that carers used good hygiene practice and followed the person's care plan in providing good quality care that the person needed. These spot checks helped ensure that people's care was appropriate, followed their care plan and met their needs.

We saw that there was no system in place for auditing people's medication administration records (MAR) for completeness. Seven MAR charts that we looked at all contained blank boxes where it was not recorded if the person had taken their medication. Often it had been recorded in the notes of the person's care that medication had been 'supervised'. The registered manager told us that they had, "Looked through the MAR charts but had not made any records". They added that staff had been informed of this failing in a recent



staff meeting. We discussed with the manager the use of the term 'self-administer' and 'supervised' when it appeared that for some people staff administered their medication. The manager told us this would be reviewed and made clearer. On the second day of our visit the registered manager had set up a system for auditing people MAR charts and daily communication sheets.

We saw records that showed three missed calls over August and September 2016. Two of these had resulted in a person missing a dose of medication. It had been identified that two of these missed calls related to one member of staff. This staff member had been retrained in medicines administration and this issue addressed with them. When the organisation became aware of the missed medication we saw that medical advice had been sought and recorded. However all notifiable incidents had not been reported to the Care Quality Commission and the local authority. We asked the manager to familiarise themselves with their responsibilities to make notifications to relevant bodies.

The registered manager also used questionnaires to gain people's views. We looked through a sample of the completed questionnaires and found the feedback to be overwhelmingly positive. All of the recent questionnaires people had selected that they were 'very pleased with the service' they receive'. The manager had assessed the feedback and written a report which showed how they would act on any concerns highlighted. People told us they appreciated being asked their views in this way. One person said, "I've not long filled a questionnaire in. It's useful; you have a chance to write things down". Another person told us they thought the, "Questionnaires are good".

We saw and staff told us that the manager held staff team meetings. We saw that three had been held in the past 12 months and one was due the day following our inspection. We looked at the notes from some of the meetings and saw that they were used to provide reminders for staff.

There was a copy of the organisation's policies in the office. Staff had been provided with a staff handbook which contained information about these policies; however there was some missing information. This handbook did not contain information in relation to safeguarding vulnerable adults. On the second day of our visit the registered manager had added this information.

Apollo Care West Wirral has also achieved the 'Investors in People' bronze award. At the time of our inspection the provider had reached the final with six other organisations in the north west for The Regional Great British Care Awards, in the category of best employer.