

CareCaliRaya Ltd

# Apollo Care - South Liverpool

## Inspection report

Unit 1, 236 Smithdown Road  
Liverpool  
L15 5AH

Tel: 01517277937

Website: [www.apollocare.co.uk](http://www.apollocare.co.uk)

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# 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. The service was supporting 41 people at the time of the inspection.

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

Some aspects of managers roles and regulatory requirements had not been met. Prior to the inspection we had been concerned about the outcome of a safeguarding investigation conducted by the Local Authority. This raised issues around the effective management and running of the agency. We asked the provider to investigate, however the report produced raised issues around the thoroughness and impartiality of the investigation. The providers policy used for carrying out the investigation needed review and updating.

Other regulatory requirements were not always complied with. We identified statutory notifications should have been submitted to CQC as a measure of monitoring the quality and safety of care people received.

Staff spoken with displayed an understanding of safeguarding principles and reporting. However, we found safeguarding recommendations made after one [initial] investigation had not been followed by the provider, which may have caused potential risk for one person and staff.

The registered manager and nominated individual advised us that, as part of ongoing review and lessons learnt, they are reviewing the management and running of the service and would advise us of changes to be made.

People reported good support regarding the management of their medicines and told us they got their medicines on time. The medications records reviewed supported best practice. Staff administering medicines were suitably trained and competent.

We found ongoing checks of people's home environment helped ensure people were safe. Risks associated with people's care were mostly identified and managed to minimise harm. Supporting care records identified most key risks and there were plans in place to help keep people safe.

The service was staffed appropriately at the time of the inspection. Staff employed had been recruited safely and most had worked for some time for Apollo Care South Liverpool. This helped to maintain a consistency of care for people.

People's experience of using the service was positive. People received the care and support they needed when required. The feedback we received showed staff were helpful and kind and treated people with

dignity and respect. One person commented, "Yes definitely [I feel safe]. Carers always act appropriately and are very friendly."

#### Rating at last inspection

The last rating for this service was Good (published 8 January 2020).

#### Why we inspected

The inspection was instigated following background concerns regarding a safeguarding investigation and outcome. This raised issues around the running of the agency and ongoing safe standards. The Commission is aware that the provider disputes the content of the local authority safeguarding investigation.

A decision was made for us to inspect and examine those risks. We undertook a focused inspection to review the key questions of safe and well-led only.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed to Requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Apollo Care South Liverpool on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified a breach of regulation as the provider had not met some regulatory requirements in the governance and running of the service.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

**Requires Improvement** ●

# Apollo Care - South Liverpool

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

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

One day of this inspection was a site visit at the agency offices and was announced before our visit. This was to check on the situation regarding COVID-19 and to ensure that the provider or registered manager would be in the office to support the inspection.

#### What we did before inspection

Before the inspection we checked the information that we held about the service. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

We did not ask the provider to complete 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 also obtained feedback from the local authority and healthcare professionals. We used all this information to plan our inspection.

#### During the inspection

We visited the agency offices on 25 May 2021 to look at records and speak with the registered manager and nominated individual for the provider. Due to the increased risk of cross-infection we were unable to complete more extensive observations on this day and asked for other information to be sent to us.

We spoke with eight people being supported by Apollo Care South Liverpool and 11 staff, including the registered manager, the nominated individual. Care staff conversations were carried out by phone.

We looked at a range of documentation including four people's care records, medication records, staff files, accident and incident records, health and safety records, audits and records relating to the quality checks undertaken by staff and other management records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, risk assessments and quality assurance records.



# 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 had changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- The provider did not always have effective safeguarding systems in place. Where concerns had been identified, the provider had referred people to the safeguarding authorities. However, in one example following a safeguarding enquiry, the provider had not followed recommendations made and this may have placed the person [and staff] at further risk.
- The Care Quality Commission [CQC] had not always been informed when safeguarding referrals had been made. We discussed how the providers policy on safeguarding needed updating to include clear reference to reporting to CQC via statutory notifications.
- People we spoke with on the inspection told us they felt the support they received was safe.
- Care staff understood their safeguarding responsibilities and knowledge of how to report instances of alleged abuse.

Learning lessons when things go wrong

- Audits and checks by the provider and franchise had mainly identified issues of concern to help ensure a safe service but these were not always thorough. For example, an issue identified in a franchise audit around a safeguarding investigation had no evidence of an action plan to follow this up.
- Despite this, there had been some good responses to learning for staff following a recommendation for training made by the local authority safeguarding team. Staff training had been initiated around professional boundaries when supporting people.
- There were some examples of incidents and accidents recorded and reviewed with respect to reducing future risk for individuals.

Assessing risk, safety monitoring and management

- Risk assessments were completed in peoples care records to identify areas of risk and how people needed to be supported. These followed referral assessments from the commissioning authorities.
- Risk assessments were reviewed regularly to reflect people's current care needs.

How well are people protected by the prevention and control of infection

- People were protected from the risk of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises and when visiting people's homes.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.

- We were not fully assured that the provider was accessing testing for people using the service and staff. We signposted the provider to current guidance.

#### Using medicines safely

- People received their medicines at the right time and appropriate administration records were maintained.
- Staff told us they had training to administer medicines and that managers assessed their competence to administer safely.
- Medicine administration and safety was audited on a regular basis.

#### Staffing and recruitment

- There were enough staff to meet people's needs.
- Most people told us they received support when needed and they felt care staff were competent. One person commented, "They are very good. I've had a couple of emergencies and they are always there."
- All staff felt supported by the registered manager and reported a good morale. One staff told us, "Apollo is the best company I've worked for. They listen if something comes up, they are very flexible; they look at our home life - always responsive. It's a family atmosphere."
- There were policies and procedures in place to ensure staff had been recruited safely to work with vulnerable people. Staff had been recruited safely.



# 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 changed to Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Regulatory requirements were not always complied with. Following a safeguarding report which raised concerns around the running of the service, we asked the provider to conduct their own investigation. The provider's response was brief and did not fully address all aspects of the investigative process. There was no action plan following the outcome.
- The provider's policies offered some guidance, however required review and updating with respect to conducting such investigations to include identifying triggers for an investigation, maintaining impartiality and providing an action plan following any findings.
- We identified four statutory notifications should have been submitted to CQC as a measure of monitoring the quality and safety of care people received. Although incidents were appropriately managed at the time they occurred, notifications had not been submitted. We asked the provider to review all incidents and send any notifications retrospectively. The provider's internal monitoring systems had not been effective in identifying this at the appropriate time. This was a potential offence under Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Any further action will be considered outside of this report.
- The providers internal and external [franchise] audits had not always identified gaps in policy statements, reporting to CQC and other issues identified on the inspection.

The lack of overall attention to statutory requirements is a breach of Regulation 17 of the Care Quality Commission (Regulated Activities) Regulations 2009.

Continuous learning and improving care

- In response to the feedback we gave during the inspection, the registered manager provided detail regarding proposed changes to the way the Apollo Care South Liverpool was managed and the roles of key management personnel. This evidenced some reflection and learning from recent events. We were advised we would be kept updated regarding proposed changes.
- Quality assurance systems continued to be developed and identified some areas for ongoing improvements.
- The registered manager and senior managers were responsive to the feedback we delivered during the inspection and were positive regarding continuing to improve the service.

Working in partnership with others

- The registered manager and staff worked with local authorities and healthcare commissioners.
- We spoke with one local authority as part of the inspection who expressed concern about the response to safeguarding findings.
- Any referrals to health services were managed well and appropriately followed up on in liaison with the commissioning bodies.

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

- People told us they received the support they needed to meet their needs.
- Staff told us they enjoyed working for the service and that staffing was very settled considering the pressures around COVID-19. Staff reported management tried to ensure regular staff worked in teams to support each individual person and this help promote consistency of approach and job satisfaction. One staff member told us, "The atmosphere is really positive."

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

- Quality assurance questionnaires were circulated; people were encouraged to share their views, thoughts and suggestions about the quality of care being provided. We discussed how the return rate for these might be improved. It was not always clear how the feedback received was followed up or how areas of improvement made; as a result the audit cycle had not been completed.
- Regular reviews took place for people using the service to ensure the support was meeting their needs.
- People told us on the inspection they were listened to and involved as much as possible.
- People had been provided with information regarding COVID-19 and changes that were being implemented to keep people safe.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation   |
|--------------------|--|
| Personal care      | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Statutory requirements regarding the providers response to carrying out thorough internal investigations and reporting incidents to CQC were not always met. Feedback from stakeholders was not always acted on. Audits had not fully identified issues we found.</p> <p>this is a breach of Regulation 17 (1) (2) (d) (ii) (e) of the Care Quality Commission (Regulated Activities) Regulations 2009.</p> |