Pamjo Home Care Ltd

Apollo Care Chester

Inspection report

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Date of inspection visit:
20 September 2021

Date of publication:
07 October 2021

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

About the service
Apollo Care Chester 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 two people at the time of the inspection.

People's experience of using the service and what we found
We received consistently good feedback about the standard of care people received. Everyone we spoke with said they would recommend the service. People and their relatives had formed meaningful relationships with staff who knew them well. People told us they were treated with respect and staff upheld their dignity.

People were supported to have 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 and their families were involved in the assessment of their needs and in developing their care plans. Care plans were continually reviewed and updated to reflect people's changing needs.

Systems were in place to manage risks to people's health and safety and protect people from the risk of abuse. People were supported to take their medicines safely and there were sufficient numbers of appropriately trained staff to meet people's needs.

The service was well-led, and people felt the management were open and honest. The provider worked with other professionals and organisations to ensure positive outcomes for people were achieved.

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

Rating at last inspection
This service was registered with us on 16 April 2021 and this is the first inspection.

Why we inspected
This was a planned inspection to provide Apollo Care with its first CQC rating.

Follow up
We will continue to monitor information we receive about the service until we 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?

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?

Good

The service was 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 Chester

Detailed findings

Background to this 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was undertaken 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.

Notice of inspection
We gave the service three working days' notice of the inspection. This was because the service is small, and we wanted to be sure the registered manager would be in the office to speak with us.

Inspection activity started on 20 September 2021 and ended on 22 September 2021. We visited the office location on 20 September 2021.

What we did before inspection
We reviewed information we had received about the service since it had become registered with the Care Quality Commission. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-
We spoke with one person who was using the service and the relatives of three other people that had used the service recently. We also spoke with two directors of the company both of whom also delivered care. One of these directors was also the registered manager. We looked at one person's care plan and associated

care records, the recruitment files of two staff, and other records relating to the day to day management of the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at one person's care plan, some policies and other records relating to the management of the risk of COVID-19.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The registered a manager was aware of the local protocols for making a safeguarding referral and had followed them appropriately.
- Staff were trained in how to recognise abuse and how to raise concerns should they suspect abuse had taken place.

Assessing risk, safety monitoring and mangement

- People's needs had been appropriately assessed; and care plans had been developed to minimise any risk to people's health and wellbeing.
- The service was not risk averse. Staff supported people to minimise risks to their health and safety even when people made unwise decisions.
- Care plans included guidance for staff to follow to keep people safe such as ensuring people were wearing personal alarms, doors to people's properties were locked and keys were returned to the key safe.

Staffing and recruitment

- People and their relatives told us staff were reliable. When asked about whether carers turned up on time one person commented, "No doubt, on time every time. They've always turned up". A relative told us, "They were always on time; never missed a call. I couldn't fault them". Another relative told us, "Sometimes I had to change the timings last minute, but they always accommodated it".
- Staff were recruited safely. All required checks were completed prior to staff being deployed to work.

Using medicines safely

- Medicines were managed safely, and people received them as prescribed.
- Medicines were only administered by staff who had the correct training to do so and comprehensive records were maintained.
- One person told us, "They help me with a blister pack, they take them (the medicines) out for me. I self-administrate. They leave it for me to take when I need it". A relative commented, "They sorted out the blister packs with the pharmacy. I've no concerns with medicines, everything was always done correctly".

Preventing and controlling infection

- Systems were in place to protect people from the risk of infection. Staff used PPE as required and had ample supplies. A relative told us, "They always wore PPE. I've no concerns about anything".
- The service had a COVID-19 risk assessment and contingency plan in place. These documents were updated during the inspection to reflect current government guidance.

● Management and staff took part in a COVID-19 testing regime in line with government guidance.

Learning lessons when things go wrong

● There was a system in place to monitor accidents and incidents. Accidents and incidents were reviewed on a regular basis by the registered manager. This enabled them to analyse trends and identify any lessons to be learnt.

● Staff knew how to respond to, record and report incidents and accidents safely.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated 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 were assessed before they received a service. This information was used to develop risk assessments and care plans which reflected current standards and best practice guidance.
- People confirmed they had been able to discuss their care needs and wishes with staff. One person told us, "They came to see me at home to do an assessment. They asked about all aspects of my life in detail. I have a copy of the care plan at home. I'm delighted with it." A relative told us, "We were involved with the assessment. My relative had capacity but sometimes overestimated their abilities, so I helped out; we sat together to do it. My relative was fully involved if was a joint discussion". Another relative commented," They did an assessment of my relatives needs and put a care plan in place; they involved the family".

Staff support: induction, training, skills and experience

- New staff completed an induction to the service before working unsupervised. This included spending time shadowing experienced staff and meeting people who received a service.
- Staff received the training they needed to undertake their role and support people. One person told us, "They (the staff) know what they are doing, I feel confident with them". A relative commented, "I've no concerns about staff capabilities, they were always very efficient. They kept records in a folder there and they always looked at it".
- Staff received support from their line managers through supervision and observation of their practice.

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

- Staff were aware of people's nutritional needs and preferences which were detailed in their care plans. One person's care plan stated the person ate independently but liked to use a specific fork to eat and preferred their food to be cut up to make it easier for them to manage.
- People and their relatives told us they received the support they needed to eat. One person told us "I have help with food. they make my sandwiches at lunch time, I have a cooked tea, they prepare that for me". A relative confirmed their loved one had received support to eat and told us "They needed constant encouragement to eat. Staff always let me know if my relative had not eaten".

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

- The registered manager and care staff worked with other agencies to ensure people received consistent, effective and timely care.
- People and relatives confirmed they were supported to access their GP and other health services. A relative told us, "They are very good. A few times when my relative had bruises on their arm or was showing

signs of an infection, they took photos and were quick to get the GP. They always kept me informed of what was going on". Another relative told us, "They always kept us informed. When I was away, they were very good liaising with the rest of the family".

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People had signed their care plans to confirm they agreed with the care they would receive.
- The registered manager explained that should concerns arise about a person's capacity to give consent or make a choice, they had systems in place to assess the persons capacity to make decisions. They also told us family members and relevant professionals would be consulted in making decisions in a person's best interest.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People and their relatives spoke positively about the care people received and the caring nature of the staff. One person commented, "I trust them 100%. They are kind and caring. They always go above and beyond; I've never had such a good carer relationship. we are always laughing; I've built up a good relationship with them. We formed a little group and are always singing. I'm happy to see them in a morning. The bank staff member is as nice as they are".
- Staff considered people's protected characteristics under the Equality Act 2010. Religious and cultural needs were identified when developing care plans.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to do as much as they could for themselves and were able to describe the importance of maintaining people's independence.
- People's privacy and dignity was respected. People and their relatives confirmed this and told us staff always closed doors and curtains when supporting people with their personal care.

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

- People were fully involved in decisions about the care and support they received. One person told us, "I find it difficult walking so they do the shopping for me. They go through the list with me and I tell them what I want".
- A relative told us, "They were excellent; always there for me; they helped me through everything. It was a tough time for us, but they were very accommodating. They provided such good care. They were like friends; we could turn to them for help for anything. We were all upset when it couldn't continue because my relatives went into a care home, we had all got very attached".

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care which reflected their needs and preferences. Care plans were person centred, and captured people's personal histories and specific wishes in relation to the care they received.
- Staff had a good understanding of people's needs. One person told us, "They don't make me do things I don't want to do. They listen to me".
- Care plans were clear and were continually reviewed and updated to make sure they reflected changes in people's needs. A relative told us, "The care plans were fine. I looked at all the paperwork and it was always filled in with what was going on". Another relative told us "They did all they could. They identified when my relative's needs were changing".

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.

- The communication needs of people were assessed. Information about the service was available in different formats to meet people's needs.
- The communication needs of people living with dementia were met. The PIR detailed the provider had arranged an initial face-to-face meeting with one person living with dementia in their garden. This was so the person could see staff with and without PPE. They provided the person with a schedule illustrated with pictures of staff with and without their PPE and the carers names were printed onto their face coverings. They also devised flash cards, in very large print to aid the person's understanding.

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

- The service considered people's social and cultural interests when developing care plans and supported people to pursue their personal interests.
- The registered manager described how they encouraged people to socialise to reduce the risk of social isolation. One person commented' "I don't get out and about much I'm immobile to some degree. I have a wheelchair; they keep offering to take me to the park. I don't want to go but they keep asking".

Improving care quality in response to complaints or concerns

- There was a system in place for recording complaints.

● Records confirmed no formal complaints had been received, however people confirmed they were aware who to speak to if they needed to raise a complaint. One person told us, "I've never made a complaint, I've not needed to. I would feel able to raise a concern if I was not happy; 100% I would say something. I think they'd listen to me defiantly." A relative told us they had never had cause to raise a complaint and commented, "I would have had no hesitation in raising concerns and advocating for my relative if I had needed to".

End of life care and support

● Nobody was receiving support with end of life care.

● End of life care training was available for staff and both directors had completed end of life training. The registered manager was aware of who to contact for support and advice should a person require end of life care.

● The relative of a person who received end of life care from the service wrote to the provider, "Apollo Care Chester was absolutely fantastic and a god send when I was nursing my relative in their final weeks at home. They were friendly, very professional and a reassuring presence during a very difficult time. They were efficient with paperwork, medicines etc, but most importantly, they were kind and sympathetic and very helpful with suggestions for getting further support from medical and social workers. I would highly recommend them".

Good

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People and their relatives spoke highly of the service they received. They told us the service was well led and well managed. One person commented, "They are brilliant, I look forward to them coming. I've had previous agencies who were rubbish. These are 100% better than other agencies.". A relative told us, "I would definitely recommend them,' they provide an excellent service". Another relative told us, "There is nothing I could think of that could be improved. I've no concerns, just the opposite actually. I'd recommended them as a good care agency to go to. They went the extra mile".
- The service made referrals to external health and social care teams when people's needs changed. This helped to mitigate risk and improve outcomes for people.

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

- Both directors demonstrated a hands-on approach during the inspection and there was a robust framework of governance underpinning the service. Audits and other checks were completed by the directors and were effective in identifying and driving improvements.
- The registered manager understood their responsibility for notifying the Care Quality Commission of events that occurred within the service and we saw that accurate records were maintained.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives confirmed that they were encouraged to offer feedback about the service through regular contact and care reviews. The registered manager worked closely with relatives and other stakeholders, keeping them of informed of any accidents, incidents or changes in people's care needs.
- The provider Information Return (PIR) explained the provider had carried out online meetings with people new to the service and their families prior to the face-to-face assessment. This gave people the opportunity to meet us staff without PPE, which made them feel more relaxed before meeting them in person.
- At the onset of Covid-19 pandemic, the provider initiated a voluntary service to provide shopping, medication collections and a companionship telephone call service, to vulnerable people. They created a community link by delivering messages from a community post box to people's friends and neighbours between calls. They also formed links with the local primary school and supported people in the community to form their own volunteer group.

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 registered manager was aware of their responsibilities around duty of candour legislation. There had been no specific incidents which required them to act on that duty.