

Apollo Home Healthcare Limited

London Office - Apollo Home Healthcare Limited

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

This service is a domiciliary care agency. It is registered to provide nursing and personal care to children and adults living in their own houses and flats. People using the service have complex and multiple health care needs. At the time of the inspection five people were using the service and receiving a regulated activity.

People's experience of using this service

We identified concerns in relation to the assessment and management of some risks, the management of medicines and the systems to monitor the quality and safety of the service were not always operated effectively.

People were supported to have choice and control of their lives. However, decisions were not always taken in line with the Mental Capacity Act 2005 code of practice or in people's best interests; the systems in the service did not always support this practice.

We have made two recommendations that the provider consult and act on best practice guidance in respect of assessing people's needs and in relation to end of life care.

People told us they felt safe using the service and staff understood their responsibilities under safeguarding. The service looked to identify learning from accidents and incidents and share learning. There were robust infection control measures in place.

Staff worked with health professionals to ensure people's health needs were met. Staff used new technology with support and training to support people's rehabilitation. Health professionals spoke positively of the flexible attitude of the agency in supporting people's needs.

People and their relatives told us staff were kind and caring and responsive to their individual needs and in accordance with their protected characteristics. They said they were involved in decisions about their care and that staff treated them with dignity and encouraged their independence.

People had a plan for their care and staff worked in a person-centred way to support them. People's needs for social stimulation were met when this was part of their assessed plan of care.

The service had a clear ethos and set of principles that staff understood. Staff told us they felt well supported by office staff and the senior management team. The service worked in partnership with a number of agencies and professionals and sought feedback on service delivery from people their families and stake holders.

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 29 January 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service registered with us.

Enforcement

We have identified three breaches of regulation in relation to risk management and medicines, following the Mental Capacity Act code of practice and the way quality assurance processes were operated at this inspection.

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 effective?

The service was not always effective.

Details are in our effective findings below

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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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

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection the registered manager was away from the service and the service was being managed by the deputy manager with the support from senior staff with over sight from the provider's nominated individual. The nominated individual is a person responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

We gave the service one weeks' notice of the inspection. This was because we wanted to be able to arrange to visit or speak with people and their families to gather feedback on their views. We also needed to be sure that there would be staff in the office to support the inspection.

What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts they had raised. We also contacted the local authority commissioning and safeguarding teams to ask for their views about the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We visited the office and spoke with the deputy manager, a nurse, a care coordinator, the provider's clinical lead, an operational lead and the providers quality and compliance manager. We also spoke with two care workers and visited one person and two relatives and spoke with a care worker on one of these visits.

We reviewed a range of records. This included three care plans and staff recruitment and training records. We also reviewed records used to manage the service, for example, medicines administration records and meeting minutes.

After the inspection

We requested some further information to be sent to us. We contacted four health care professionals to obtain their views about the service.

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 requires improvement. This means some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Some risks to people were well managed, but other risks were not always assessed, and staff did not always have risk management plans to guide them to reduce the likelihood of risk occurring. For example, there was no oxygen risk assessment in relation to the storage and use of oxygen for one person. This person was also identified as at risk of developing pressure areas and some pressure relieving equipment was in place. Staff did reposition this person, but there was no care plan to guide staff on how frequently they should do this or other possible actions to minimise the risk.
- Some risk assessments for the environment, fire and medicines were not sufficiently detailed in relation to people's safety. For example, one fire risk assessment did not verify the presence of any smoke detectors or fire safety equipment to minimise risk. An environmental risk assessment did not guide staff on the whereabouts of emergency gas and water stop-cocks. Medicines risk assessments did not include an assessment of the risk of people not receiving their medicines.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate risks were consistently managed."

Risks were not consistently assessed and managed which placed people at risk of possible harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

During and following the inspection we discussed these issues with the provider. The oxygen risk assessment was completed and sent to us following the inspection. The provider acknowledged that some risk assessments we looked at were, "not robust enough and did not reflect their usual process and quality." They told us they would be taking action to address these areas.

- Other risk assessments in relation to people's complex clinical needs such as tracheostomy care were detailed and provided staff with clear guidance to minimise risks. Staff told us the office responded promptly to any concerns about risks and there was a 24-hour emergency cover system so that people and staff could raise any immediate concerns outside of office hours. Information from out of hours cover was shared with the office location.
- Risk assessments were completed and reviewed by nurses. Staff told us that risk assessments and care plans were regularly reviewed and reflected people's needs. The nurse told us that they could seek advice and guidance in relation to any clinical care issues from other nurses at other locations and from the providers clinical lead.

Using medicines safely

- Medicines were not always safely managed. We found for one person who was prescribed a vitamin once a week, their medicine administration record (MAR) showed no record to confirm this was administered throughout October 2019 and between the 5 and 18 November 2019. A medicines error we found recorded in the daily notes for 29 November 2019 had not been reported to the office, in line with the provider's policy and no advice had been sought about the missed dose.
- Where the administration of medicines was shared between families and care staff the arrangements and responsibilities of care staff involved were not detailed in the care plan to guide staff. There was a risk people may not receive their medicines as prescribed.
- Protocols for as required medicines stated, 'administer as directed' and these directions were not sufficiently detailed to guide staff on when to administer these medicines or how frequently.

We found no evidence that people had been harmed however, medicines were not always safely managed.

These issues with managing medicines were also a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- Some areas of medicines management required improvement to follow recommended guidance. Staff received training on medicine administration and had a written competency test but their competency to administer medicines was not always observed in line with best practice guidance published by the National Institute for Health and Care Excellence (NICE) for managing medicines in the community.
- The service had a list of people's prescribed medicines and liaised with health professionals to ensure these remained up to date. People's MAR's showed these were fully completed other than the discrepancies we found. People's allergies were recorded on their MAR to alert staff.

Staffing and recruitment

- There were enough staff to meet people's planned care needs. Due to the complexity of people's needs it was usually not appropriate to use unfamiliar carers at short notice. Contingency care plans for problems such as unplanned staff sickness had been agreed with people, their family where appropriate and commissioners. This included the use of other skilled staff, agency nurses and family members.
- We found there were four visits for December 2019 and four for January 2020 that the service had been unable to cover due to absence of staff at short notice. However, people's relatives told us staff were reliable and always contacted them if there was a problem and a plan was put in place. A health professional commented that the contingency plans worked effectively.
- Office staff told us that they planned for each person to have a bank worker assigned who could cover some visits at short notice. We saw where planned absences had been covered through requests to other skilled staff members. The quality and compliance lead advised that they had recently recruited new staff and worked continually to try to minimise the use of contingency plans.
- The provider followed safe recruitment practices. Staff records contained evidence of robust recruitment checks having been completed before they started work. These included checks on staff identification, their full employment histories and confirmation of criminal record checks having been carried out. Nurses' registration records were checked to ensure their registration was valid.

Systems and processes to safeguard people from the risk of abuse

- There were systems to safeguard people from abuse, neglect or discrimination. People and their relatives told us they felt safe using the service. A relative said, "My [family member] is safe. I can leave them knowing they are in safe hands."
- Staff received regular safeguarding adults and child protection training. They understood their responsibilities to safeguard people and the actions to take if they had any concerns. They knew how to

raise any concerns in line with the provider's whistleblowing policy. Staff said where they had raised concerns, these had been dealt with appropriately by the registered manager.

- There were robust systems to report and act on concerns. The registered manager and deputy manager raised safeguarding alerts appropriately with the local authority.

Preventing and controlling infection

- There were arrangements to reduce the risk of infection. We saw and people and their relatives confirmed staff wore protective equipment such as gloves.

- Staff told us they had infection control and food hygiene training and knew how to reduce the risk of infection. The service maintained a stock of personal protective equipment which staff said they had access to whenever it was needed. Infection control practices were monitored as part of spot checks on care workers.

Learning lessons when things go wrong

- There was a system to identify and share learning in and across services. Staff understood the importance of reporting and recording accidents and incidents. These were reviewed to ensure appropriate action was taken and to consider for any learning or patterns. For example, we saw a staff member had received additional medicines training following a medicine recording error.

- Where appropriate, accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals.

- Lessons learned were discussed and shared at clinical meetings across the service and at the provider's Governance and Risk Management meetings to ensure learning was shared across the provider's locations.

- The provider had recently held a workshop for staff on incident notification and investigation to refresh staff awareness of the importance of following their processes.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

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.

- The service did not always work within the principles of MCA. Where people lacked the capacity to make a specific decision there was no mental capacity assessment or best interests meeting recorded to ensure any decision was made in the person's best interests and to comply with MCA Code of practice. For example, for one person there was no capacity assessment or best interest decision recorded for decisions about refusal of medicines or the use of bed rails.
- Staff had training on MCA and demonstrated some understanding of their role. They told us they asked people's consent before they provided support. People confirmed staff listened to their views and respected their decisions. Written consent for aspects of their care was also recorded.

Staff did not always act in accordance with the MCA Act 2005, which was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Assessments of people's needs were carried out with people, their families and health and social care professionals where relevant. The clinical lead told us that they worked closely with health professionals when they assessed people's needs. Assessments followed recognised clinical pathways. However, assessments of some areas of need such as nutrition and skin integrity did not always evidence the use of nationally recognised risk prevention and management guidance by the National Institute for Health and Care Excellence

We recommend the provider review its assessment process and consult best practice guidance in these areas and consider incorporating this into its practice.

Staff support: induction, training, skills and experience

- Staff received enough training to meet the needs of the people they supported. People and their relatives said they thought staff were competent to carry out their roles and understood their needs. Due to the complexity of people's needs the service employed experienced staff. There was a detailed induction and shadowing programme when staff joined the service. Staff were supported to undertake additional training as part of their development.
- However, while this had not impacted on people's care, we noted that training did not include specific training in relation to the needs of people with learning disabilities or mental health who were among the groups of people staff supported. This required improvement to ensure staff were familiar and up to date with issues that might affect different service user groups.
- In addition to training in areas such as moving and positioning, safeguarding and child protection, staff had in house training bespoke to people's specialist health needs. They had their competency assessed in areas of more complex care such as tracheostomy care or specialist feeding. Records showed the training and competency assessments were refreshed regularly.
- Staff told us they had enough training to meet people's needs. One staff member commented, "The training is really thorough here, and they check your competency. I've been given enough training and feel confident in what I do." Staff told us they felt very well supported through formal and informal support processes. Staff received regular supervisions and nurses received clinical supervision throughout the year. A staff member said, "The support here is very good. Supervision really helps you with your work."

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

- People were able to access a range of healthcare services when they needed them either with the support of relatives or as part of their plan of support. Daily notes showed the service worked effectively with other agencies. However, where care was transferred between agencies there was a verbal handover rather than a written record of care. We discussed this with the provider who told us they would consider this with other agencies involved in care delivery.
- People's care plans included details of the involvement of any community healthcare services, such as a community nurse team, GP or physiotherapist had in their care. This ensured they knew who to contact if they identified any concerns. For example, they had contacted the community nurse team with concerns about specialist feeding. A health professional commented that the service was proactive with their communication and organised.
- Staff knew to monitor people's health conditions as part of the support provided. They told us they would report any changes back to the office and or community health professionals, such as people's GPs, the 111 service, or by contacting an ambulance if people were unwell.
- Staff from the service took part in relevant health professional and family meetings such as planning discharge from hospital meetings to maintain effective communication.

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

- People were supported to eat and drink where this was part of the plan for their care. People and their relatives told us they were happy with the support they received. A relative remarked "They [staff] offer a choice and don't rush. Care plans detailed people's preferences in relation to food and drinks. Staff demonstrated familiarity with people's preferences. However, for one person there was insufficient detail about their cultural needs in respect of their meals to guide staff appropriately.
- Where people were supported with specialist feeding plans we saw these were followed and appropriate advice sought when needed.

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 were supported by staff who were kind and caring. People and their relatives spoke positively of the staff that supported them and told us they appreciated having the consistency of care from a small staff group. A relative remarked, "The care workers are reliable. We have been lucky as they genuinely do care." Health professionals also commented positively about the care provided.
- The provider arranged for people and their relatives where appropriate to have an introductory meeting to decide if they feel the staff were suitable to provide support. A relative commented on the positive way staff had spent time at the hospital getting to know their family member and their needs before they started to deliver care.
- We observed on home visits that people felt comfortable in the presence of staff and knew them well. Staff were familiar with people's likes and dislikes and important people in their lives. Written feedback from one relative stated, "Staff go above and beyond. Helping act as an advocate which has had a positive impact."
- People's protected characteristics under the Equality Act 2010 were considered as part of the provider's assessment of their needs. The provider tried to match staff with people from a similar cultural background where possible. For example, daily notes evidenced how one person's spiritual needs were supported through technology. One staff member told us, "We want to treat everyone equally and to the best of our ability."

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

- People were involved in making decisions about the support they received on a day to day basis. Staff told us they tried to involve people in their support by offering them options wherever possible. One staff member told us, "I ask about what they want to do and always give choices." People and their relatives were given a service guide which gave them information about the way the service operated to help people and their families make informed choices.
- Daily notes recorded that staff tried to consult people as much as possible about their care. Where people were unable to communicate verbally, they were familiar with people's body language to understand if people were happy about the care and support offered.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and their privacy was respected. People and their relatives told us staff promoted their privacy and independence. A relative remarked, "The carers are gentle and respectful."
- We saw where staff supported people with exercises to aid rehabilitation and encouraged them to do things for themselves within a safe environment.
- Staff knew how to respect people's privacy and dignity. They told us how they would pull blinds down or

draw curtains and close doors before they delivered care to people. They understood the importance of keeping people's information confidential.

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.

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'.

- People's communication needs were assessed and planned for. Staff could also use IT equipment to communicate where this met people's needs. However, some improvement was needed to ensure the service consistently followed their responsibilities under this standard. Staff had communication cards to support them communicate with people who were unable to express their views and some pictorial information was available. However, people's disability needs in relation to the availability of information about the service in different formats had not been fully considered
- Families whose first language was not English had not been provided with information about the service in their own language. The quality and compliance manager acknowledged they need to consider this more fully.
- However, the service had recruited some staff who spoke the same language as the people they supported and could act as an interpreter for them when needed

End of life care and support

- The provider was not providing any end of life care at the time of this inspection. The service user guide showed that palliative care was offered among the care services provided. The quality and compliance lead told us they would offer person centred end of life care, working with people, their families, and other relevant health professionals.
- However, some people receiving care from the provider had life limiting conditions and their wishes had not been recorded in the event of a sudden deterioration.

We recommend the provider seeks advice from a reputable source regarding advanced care planning and training for end of life care; and to update their practice accordingly.

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

- People had an individual plan for their care which described their health care and support needs and included guidelines for staff on how to best support them. For example, one care plan guided staff on what music a person liked while they were having personal care. People and their relatives told us they were involved in regular reviews of the care plans.
- People and their relatives said that staff worked with them in a person-centred way in line with their needs

and preferences. A health professional commented positively on the "willingness of the service to take a flexible approach, think outside the box and consider people's individual needs." For example, the service had extended the meet and greet arrangements to accommodate one person's preferences. Daily notes we viewed showed that staff were responsive to people's needs and followed the plan for their care.

- We found some care plans were written in a more clinical style without always recording the detail of people's preferences about care delivery. However, the service had introduced a 'This is me' booklet that provided more person-centred information and this was made available to other health professionals with people's consent.
- Staff were supported to use new technology where this was a part of people's care plan. For example, a staff member described how they supported people with robotic technology having had training from a physiotherapist to support rehabilitation. This supported people to access the treatment in their home and according to their preferences.

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

- People were supported to take part in activities and access the community where this was part of their planned support. For example, one person was supported to access a day centre and children were supported with attendance at school.
- Where people were supported to engage in activities, we saw the service was flexible in accommodating their wishes and preferences. For example, one person was supported to go to the cinema at short notice when they wished to. Where care workers supported children in the home there were play care plans that detailed what children enjoyed and considered the use of sensory toys and singing to support their development and stimulation.

Improving care quality in response to complaints or concerns

- Office staff told us there had been no complaints at the service since it started. They told us any complaint raised would be recorded over seen and used to consider any learning.
- There was a complaints policy which was made available to people and their relatives when they joined the service. People and their relatives told us they had not needed to make a complaint but would raise any concerns either with the office if needed.

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 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.

Continuous learning and improving care

- Systems to monitor the quality and safety of the service were not always effectively operated. Audits were carried out on the daily notes clinical records and MAR's when they were returned to the office. These audits were not consistently effective at identifying actions to improve quality and safety. For example, for one person whose care plan stated there should be a fluid chart, no fluid charts were found in the clinical paper work. Where a fluid chart was in use it was not always fully completed. The issues we identified in relation to medicines were not identified in the medicines audit. Daily notes evidenced that a person supported with specialised feeding had their feeds closer together than recommended by the care plan on 9 November 2019 which posed a risk of them vomiting.
- Daily notes were hand written and some were difficult to read to be clear about what care was provided, including details of clinical care. We noted this had been identified in August and September audits and an email sent to relevant staff. However, we found this remained the case in the November audits, and remained unresolved. This meant it was difficult to consistently confirm if care plans were being followed. Charts to evidence the checking of equipment and clinical aspects of care were completed but it was not clear how the provider assured themselves these tasks were carried out because of the way the charts and daily notes were completed.
- Audits were not always effective. Care plan audits had identified there were considerable issues about the care plans and risk assessments at the location in December 2019. The provider told us this had not been identified previously as nursing staff had not followed their processes. Some actions had been taken to address the issues found. However, the areas we identified in relation to risk assessments had not been identified by this audit.
- There was not a robust system to ensure that updates of health care protocols and feeding plans for people were notified to office staff to ensure they and nurses were familiar with any changes in people's needs so that they could advise staff accordingly and update the care plan. Care plans did not record the arrangements for any transfer of information and the expectations and responsibilities of staff involved. We found for one child their feeding regime had been amended by a health professional and a copy provided in the home which staff were following. However, their care plan had not been amended when we visited 19 days later. Accurate records of care were therefore not always maintained.
- There was no clear audit trail to evidence how contingency plans were followed during unplanned staff absence. There was no system to alert the provider if staff were unable to notify them they could not deliver care and support. This had not impacted on people's current care because most people lived with family members who would alert the office or had capacity to contact the office themselves. This could pose a risk to some people's safety when the service took on additional packages of care.

- Following the inspection, we became aware of a safeguarding alert raised correctly by the service, about wider concerns outside the service. This had been raised with the local authority and acted on appropriately, but not notified to CQC as required under the regulations. This requirement for a notification had not been identified by the provider's quality monitoring systems.

The lack of effectively operated quality monitoring systems is a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider implemented some changes as a result of feedback following the inspection for example to strengthen its care plan auditing.

- Other systems were in place to monitor the quality of the service. Spot checks on staff were carried out to ensure care was provided as planned. Home visits were also carried out by office staff to gain feedback on the service. The provider carried out a range of other audits such as infection control audits at each location to ensure staff followed effective infection control processes. Oversight of the service was also maintained through the provider's risk and governance meetings.

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

- There was a registered manager in post but they were not present at the inspection and were on long term leave. Arrangements had been made to manage the service in their absence with the oversight of the nominated individual. The deputy manager understood the responsibilities of their role in meeting regulatory requirements in the absence of the registered manager. They were aware of the different events that they were required to notify CQC about by law and of the requirement to display the service inspection rating. They were supported by an operational lead.
- Staff were provided with a handbook which gave them a range of information to reference including important aspects of their role. The provider had clear policies and procedures which informed staff of their responsibilities whilst working for the service.
- In the absence of the registered manager, the provider was aware of their responsibilities under the duty of candour and told us they would be open in informing people or their relatives, where appropriate, of any incidents or accidents which occurred.
- Staff told us they were clear about their roles and responsibilities. One staff member commented, "You know what's expected of you. There is a lot of support."

Working in partnership with others

- Health professionals commented positively on the way the service worked with them. They told us communication was effective and the service responded positively to any suggestions. Daily notes evidenced that staff worked collaboratively with a range of agencies and professionals and raised concerns appropriately.
- The provider held stake holder meetings with professionals to encourage effective communication.

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

- There was a person-centred culture at the service. Staff told us that the ethos of the service was based on the 'The 6Cs', these are nursing principles devised by the NHS and include 'care, compassion, courage, communication, commitment and competence'. The quality and compliance manager said these principles were applied at the recruitment stage to try and ensure they recruited the right staff and discussed during

the induction.

- Staff understood these principles and told us they thought everyone who worked at Apollo was committed to this. One staff member said, "I feel the company has a clear vision of what they want to achieve and the quality of care for people."
- While staff commitment to these principles was clear there remained, some improvements needed to the systems of governance and oversight given the range of issue identified at this inspection, to be assured outcomes were consistently positive for people.
- Staff were positive about the support from senior management and from office staff. One staff member commented, "It's a really approachable management team. You can get support at any time." The senior management team told us they had worked to improve staff retention and recruitment through a range of incentives including a pay increase and an Apollo reward scheme with a prize draw.
- Health professionals commented that they thought the service was very flexible and responsive in the way it supported people.

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

- We were not able to gain feedback from everyone using the service or their families. However, people and their relatives we spoke with told us they were very happy with the support provided and found the office responsive and staff helpful. One relative commented, "Communication is very good. They let you know if anything changes will respond on time and any issue raised is dealt with straight away."
- The service sent out surveys and sought feedback through telephone monitoring, spot checks, reviews and visits to identify any areas for improvements. Feedback from the people, relatives using the service and staff was mostly positive. The provider was also proactive in seeking feedback from staff and professionals about the service and considering any improvements across all its services.
- The service showed appreciation of staff through a range of incentives such as a recent pay rise, vouchers and loyalty cards.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	Staff did not always act in accordance with the Mental Capacity Act 2005.
	Regulation 11(3)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Care and treatment was not always provided in a safe way as risks to people were not always assessed or planned for. Medicines were not always robustly managed.
	Regulation 12(1)(2)(a)(b)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems to monitor the quality and safety of the service were not always operated effectively. Accurate records of people's care were not always maintained.
	Regulation 17(1)(2)(a)(b)(c)