

Apollo Home Healthcare Limited

East Office

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

East Office is a domiciliary care agency registered to provide personal and nursing care to people living in their own homes. Most people due to the complexity of their care and treatment needs had 24/7 care, or care for a large proportion of the day and night.

The service is able to support children up to 18 years of age, younger and older adults, people with a learning disability or autistic people, and people living with dementia, a physical disability and/or sensory impairment. At the time of the inspection, 39 people were using the service, all of whom received personal, and/or nursing, care.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone whose primary care need was for a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support

Staff were knowledgeable and skilled in applying safeguarding procedures and knew to whom they could report any concerns. The provider acted effectively where safeguarding issues or allegations were identified. People received their medicines as prescribed by trained and competent staff.

The service and the staff team took on board learning when things went wrong and effective changes were implemented. Enough skilled and suitable staff had been recruited and most recruitment records showed the provider had checked they were safe to work with people. However, best practice guidance for checks for staff from outside the UK did not always include a police check. We were assured this would be addressed. A relative said there was enough staff cover, and only in exceptional circumstances did they have to support their family member's care needs until replacement staff arrived.

Right Care

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. A person told us they chose when to have their medicines and how. Other professionals were involved so people's care and treatment was always in their best interests.

Risks to people were identified and safely managed. Staff knew how to keep people safe, such as when using medical equipment and hoist and slings used to support people to reposition. Staff adhered to good infection prevention and control practices. A person told us staff always washed their hands between each care task.

Right Culture

In the main, quality monitoring systems, oversight and governance was effective in driving improvements. Although there were some missed opportunities to improve the accuracy and details in people's records. The registered manager led by example and had fostered an open and honest staff team culture. Staff put people's needs at the forefront of their care and treatment needs and staff upheld people's human rights to have a good quality of life.

People, their relatives and staff had a say in how the service was provided. The provider worked well with other organisations, and this helped people live a full meaningful life. A person had praised the provider for standing up for their human rights so they could live more independently at home. Another person had, for the first time ever, been on a holiday which they had thoroughly enjoyed.

Why we inspected

The inspection was prompted in part due to concerns we received about safeguarding and risks to people, the culture and management of the service. A decision was made for us to inspect and examine those risks. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for East Office on our website at www.cqc.org.uk.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led section of this report. The overall rating for the service has remained good. This is based on the findings at this inspection.

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

Rating at last inspection

The last rating for this service was Good (published 29 April 2022).

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 well-led?

Good ●

The service was well led.

Details are in our well-led findings below.

East Office

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. 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 carried out by 3 inspectors and a specialist advisor. 2 inspectors undertook the site visit and 1 inspector reviewed care records and risk assessments. The specialist advisor's specialism was nursing people with complex healthcare needs.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave a short period notice of the inspection because some of the people using it could not consent to telephone calls from inspectors. This meant that we had to arrange for a 'best interests' decision about this and who was best placed to speak on the person's behalf, such as a parent or court appointed deputy. We also wanted assurance the registered manager would be in.

Inspection activity started on 21 December 2023 and ended on 8 January 2024. We undertook some of this inspection remotely using telephone calls and virtual technology. We visited the office location on 21

December 2023 and provided initial feedback about our findings on 11 January 2024.

What we did before the inspection

We reviewed information we had received about the service since our previous inspection. We used the information the provider sent us in the provider information return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We contacted 4 Integrated Care Boards (ICBs), a GP practice, the local safeguarding authority and received feedback from them. We used all of this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 6 relatives about their experience of the care provided. We spoke with 15 members of staff including the registered manager, a quality manager, the deputy manager and care support workers. We also spoke with the nominated individual by telephone. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 6 people's care and treatment records and 3 people's medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed, including training records, competence assessments, quality monitoring records, compliments and complaints, various policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and they understood how to identify and report concerns to the appropriate professionals, such as the local safeguarding authority, if needed, and took action to help keep people safe.
- The registered manager and provider reported incidents to the appropriate organisations and this helped keep people safe. A person told us they trusted staff implicitly and had never had any issues with their safety.
- Staff we spoke with knew what signs or symptoms, or risks, of abuse to look out for and to whom they could report these to. A staff member said, "Even when caring for a [younger person] I make sure I check their skin for any unexplained marks. I would check the daily care notes for any bruising caused when playing. But, if I had concerns I would not hesitate to report to my [registered] manager."

Staffing and recruitment

- Enough suitably skilled and competent staff were in place and they had been safely recruited. However, the provider had not always followed best practice guidance regarding the recruitment of staff from outside the UK in obtaining police reports from the country of origin. The provider's representative told us they would do this in future.
- Recruitment checks including previous employment references, evidence of good character and photographic identity checks had been completed. A staff member said, "I had a full DBS (Disclosure and Barring Service) check for children and adults. I had to provide my passport and evidence of good health before I started work." DBS checks provide information, such as details about convictions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Where staff were a member of a professional body, such as the Nursing and Midwifery Council (NMC), checks on their validity were undertaken. A staff member told us they had provided evidence of their right to work in the UK and proof of membership of the NMC.

Assessing risk, safety monitoring and management.

- The registered manager helped ensure risks to people were identified and safely managed. Risk management was based on people's individual needs, such as those regarding their age, and related health conditions.
- Examples of risks included falls, choking, medicines administration, breathing and ventilation, and percutaneous endoscopic gastrostomy (PEG). This is where people receive nutritional and/or medicines support through a tube into their stomach. A person said, "[Staff] help me with just about all my (care and treatment needs). I have never had any issues."
- Staff worked safely by using equipment correctly and making sure risks were prevented or safely managed. This reduced the risk and potential of avoidable harm. Information in care plans about managing

risk was, in the main, detailed and provided staff with the necessary information to help keep people safe.

- The registered manager told us they used all the staff team and their knowledge, such as reflective practice with a staff team get together in person. This was where nurses shared people's skills and any new situation which staff may not have come across before. This meant any changes to risks were acted on quickly and effectively.

Using medicines safely

- People's medicines were managed and administered safely by trained and competent staff. People were independent in administering all or some of their medicines where this was safe. A person said, "[Staff] administer all my medicines. I don't always want all my [medicines]. I can choose when they do this for me."

- Most medicines administration audits were effective. However, not all records for medicines administration were accurate. For instance, staff had not always recorded the time they had administered medicines, or where the medicine had been applied on the person, such as a skin patch placed on top of the skin. Staff did not always record the quantity of the dosage where the prescription offered this option.

- The registered manager told us they had added this detail to accurately record the medicines administered, such as timings, quantities administered and the positioning of skin patches. They had also contacted a GP for a person with mental capacity making unwise decisions about their medicines.

Preventing and controlling infection

- Staff adhered to good infection prevention and control (IPC) guidance and wore personal protective equipment (PPE) as required.

- This helped prevent the risk of infection and cross contamination. A relative told us, "[Staff] always wear their PPE. We have a separate bin for all clinical waste. They wash their hands and put on fresh PPE after each task."

- Staff adhered to the provider's IPC policy including ensuring people with a PEG or other intervention for life support, was kept as clean as practical. A staff member told us they used clinical wipes for the PEG site, wiping in an outwards direction, helping prevent infection.

Learning lessons when things go wrong

- The registered manager and provider supported staff with effective learning when things went wrong. This helped reduce the risk of any incidents reoccurring. All those we spoke with were satisfied that when changes were made, it had led to improvement in their care and treatment.

- Staff told us they were reminded of their responsibilities, such as for recording medicines in line with the provider's policies. A staff member told us, "I can access the 24/7 out of hours support and the [office] staff respond quickly when I need some help or guidance."

- The registered manager supported staff to learn in a positive way, encouraging learning before any other formal action was taken. Staff felt able to be open and that their confidentiality was respected. The provider had overhauled its accident and incident process to better respond should an incident occur.

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 (CoP) for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Care plans contained details how each person could communicate, or if they needed an advocate to help ensure people were supported within the principles of the MCA. Appropriate applications had been made to ensure decisions were only made for people where this was lawfully authorised through the CoP. For example, decisions about finances, property, health, and welfare.
- Where people need any form of restraint including a safety lap belt in a wheelchair or bed rails for safety reasons, records were in place why this was in the person's best interests.
- Best interest decisions had been made for each aspect of people's daily living and for any restrictions needed to keep people safe. A person told us, "I make decisions that staff don't always agree with. They check it is safe." Parents advocated for their children but applying the principle of best interests.
- A staff member told us how they could offer choices, saying, "When people can't make a choice verbally. I would help them choose, such as offering a variety of foods, clothes, or activities to do."

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 our last inspection we rated this key question Good. At this inspection the rating has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- The registered manager was open and honest in all they did. We had been notified about all reportable incidents, including allegations of abuse which were also reported to the safeguarding authority.
- The registered manager set high standards and gave staff the support needed to attain these. For example, coaching and supervision. The registered manager had a team to support them including a deputy manager, care package consultants and a quality manager. The team worked well together to identify and manage risks and legal requirements as they arose, whilst ensuring equality and fairness for people.
- All staff understood the need to be open and honest when things went wrong. The provider took effective action, for example, if staff did not always adhere to the provider's values of care and compassion, by not respecting people's religious beliefs or not being as alert on duty as they should have been. A relative told us, "My [family member] has specifically trained care staff and they work together well. I trust staff with my [family member's] life."
- Staff were clear about their roles and explained these to us in detail. A staff member told us how much they enjoyed changing people's lives for the better saying, "[Person] is such a pleasure to care for and is thriving now [they are] settled at home. [The provider] is a great company to work for and has provided fantastic training, always there to support me with any queries."
- Feedback we received about the service showed the provider responded well to changes in people's needs including, staffing, equipment and acting on professionals' advice. A person said, "[The care provided] makes a huge difference, without the [staff] I wouldn't be able to get out of bed. I can live a normal life as they help me to be more independent to [access the community]."

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

- The registered manager and staff team were passionate about supporting people to live as meaningful a life as possible. Staff spoke passionately about people they supported. For example, support provided to a person to meet their wishes to go on holiday. A staff member said, "Seeing [person] achieve a lifelong ambition meant so much to them. I knew what it meant going out and doing the things any person might do."
- People and their relatives were complimentary and praised the support provided. An ICB staff member fed back to us, "It is of testament to everyone on the team that the feedback we receive from families is positive, they feel well supported both from case managers and individual staff members." A relative said, "Staff do

well, they are more on a personal level with my [family member], not just for clinical needs, they interact really well and don't ignore them as a [person]."

- A common and positive theme throughout our inspection was the positive comments from people, relatives, staff and various ICBs. A relative said, "We now have a [facility] for training staff. It has been a learning curve involving other [health professionals]. There has been a lot of changes to the care plan. Staff do suggest improvements, such as the [timing of meals] where new staff have been amazing."
- All those we spoke with praised the provider for improving the quality of people's care and lives, even where there had been some initial challenges to overcome. An ICB staff member told us, "At times it has been contentious and communication with the family has been difficult and emotional. [Staff] have built up a relationship with the family to the extent now that they will call [staff name] first and have a trusting and professional bond."

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

- The provider used a variety of means to communicate with people based on their abilities. For example, computer technology, text messages, e-mails and speaking with people or their representatives in person. A person told us, "The office [staff] are very responsive and do listen to me. My staff team have improved my life by 100%. It means I get to go out to eat or access my favourite [place]."
- The provider adapted their approach to gathering information in a format that people chose or was in their best interests and upheld the value of, "no decision about me without me." A relative said, "I get regular calls, and staff get checked by [the management team] so I can talk about any changes or different care strategies." A person told us the provider, "Always acts on issues to my satisfaction. There isn't anything they could do better at the moment, as it's perfect as it is."
- Staff were supported in a variety of ways including mentoring, shadowing experienced and knowledgeable staff, and up to date training based on each person's needs. A staff member told us, "I do feel listened to. I am asked for my opinions and [the provider] respects my views. The [registered] manager is very professional and they care about the staff."

Continuous learning and improving care

- In the main, quality monitoring systems, oversight and governance were effective in driving improvements. Although, there were some missed opportunities to identify improvements, such as the detail in people's care plans and risks assessments. We fed this back to the provider who took prompt action to address these records. Staff however, ensured people received safe, high-quality care.
- The registered manager and the staff team had a shared passion ensuring people's care was at the heart of everything staff did. Staff put the provider's values into practice, making a difference to people. This meant, for example, commitment and communication had a positive impact on people's quality of life.
- An ICB staff member told us that when there had been a concern with a staff member, this had been dealt with effectively and safely to ensure a person's needs would not be put at any risk. A healthcare professional told us, "I have never had any issues with [provider]. They listen and act on my advice."
- A variety of methods were used to gather information about the quality of people's care. These included meeting with people in person, quality assurance surveys, observing how staff cared for people, seeking views of relatives and health professionals and regular meetings with ICBS. These processes helped identify what worked well and where improvements were needed.

Working in partnership with others

- The registered manager and staff team worked well with others involved in people's care including ICBs, health professionals, social workers, GPs and learning disability dental services.
- An ICB staff member told us a person had praised the provider and management team for being, "Very

responsive when there are changes, such as arranging accommodation for care staff whilst [the person] was in hospital." This meant continuity of good quality care and better outcomes for people.

- A relative told us the service understood the importance of joined up care saying, "The [staff] are very caring and understanding and they can tell when my [family member] is going to be unwell. Staff insight into [person's] life means the support works as a team, which is how it should be, and as it is."
- The provider told us in their PIR, 'Whilst each partner has an excellent contribution to make, it is the collaboration and partnership approach which we take that creates the opportunities for delivering the best possible service to the people that we support.' For one person this meant having the support they needed to live independently at home. This had significantly changed their life for the better being able to live with their family member."