

Apollo Home Healthcare Limited

East Midlands Office- Apollo Home Healthcare Ltd

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

East Midlands Office – Apollo Home Healthcare Ltd is a domiciliary care agency providing personal care to people of all ages at the time of the inspection. There were 29 people using the service at the time of our inspection.

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.

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

People felt safe using the service because staff knew what they were doing, they had been trained, and cared for people in the way people wanted. Staff assessed and reduced risks as much as possible, and there was equipment in place to help people remain as independent as possible. There were enough staff, and the senior staff also spoke with people regularly. The provider obtained key recruitment checks before new staff started work.

People received their medicines and staff knew how these should be given. Medicine records were completed accurately and with enough detail. Staff supported people with meals and drinks. They used protective equipment, such as gloves and aprons. Staff followed advice from health care professionals and made sure they asked people's consent before caring for them.

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 liked the staff that cared for them. Staff were kind and caring, they involved people in their care and made sure people's privacy was respected. Staff worked well together, they understood the service's aim to deliver high quality care, which helped people to continue to live as independently as possible.

Staff kept care records up to date and included national guidance if relevant. Complaints and concerns were dealt with and resolved.

Systems to monitor how well the service was running were carried out. Concerns were followed up to make sure action was taken to rectify any issues. Changes were made where issues had occurred, so that the risk of a similar incident occurring again was reduced. People were asked their view of the service.

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 07/09/2018 and this is the first inspection.

Why we inspected

This was the first inspection of this service based on the registration date.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 well-led.

Details are in our well-Led findings below.

Good ●

East Midlands Office- Apollo Home Healthcare Ltd

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 two inspectors.

Service and service type

This service is a domiciliary care agency. It provides 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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 4 September 2019 and ended on 22 October 2019. We visited the office location on 5 September 2019.

What we did before the inspection

We looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. 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 also sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with one person and five relatives of people who use the service about their experience of the care provided. We spoke with ten members of staff including the nominated individual, the registered manager, the provider's quality manager, and six members of staff including registered nurses and care staff. 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 five people's care records and medicine records. We looked at a variety of records relating to the management of the service, including complaints and the systems for monitoring the quality of the service.

After the inspection

We continued to seek clarification from office staff to validate evidence found.

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

- Relatives told us they felt safe with staff. One relative told us, "I feel safe because [staff] are well qualified and have years of experience."
- The provider had effective safeguarding systems in place. Staff told us that they had received safeguarding training and they understood what to do to protect people from harm, including discrimination, and how to report concerns.

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health and welfare such as moving and handling, choking and the risk of developing pressure ulcers. Assessments were also completed for complex health conditions, such as tracheostomy or use of a ventilator, and what staff should do to prevent or resolve issues that may arise with these.
- Staff completed risk assessments in relation to people's environment. These included those for fire safety and equipment. This ensured that not only had risks been identified, but regular checks were also completed to make sure people were safe.

Staffing and recruitment

- There were enough staff to support people safely and we saw that they had the skills to meet people's needs. Relatives told us they had a team of staff who provided care to their family member. This provided a group of regular staff who knew the person's needs well. However, relatives also said that if there was sick leave, the service was not always able to find another staff member to cover the shift. The provider's representative said if another of the service's staff was not available they would obtain an agency nurse to cover the shift. Relatives were then able to decide if they wanted this staff member or not.
- Pre-employment checks were carried out before staff started work. This kept people safe because it helped the provider make sure that only suitable staff were employed.

Using medicines safely

- Staff had received training in how to safely give medicines, a relative told us, "[Staff] have the medicine charts and they get shown how to do this properly."
- Staff administered and maintained records to show medicines had been given. There were instructions for giving medicines that needed to be taken in a specific way. There were also instructions for applying creams and where on the body these were needed. However, staff did not have guidance for one medicine that needed to be given only as required. We spoke with the registered manager about this and further information was made available to staff at the time of our visit.

- A staff member told us they carried out audits of medicines every two months to make sure there was enough stock and that remaining quantities tallied with the records kept.

Preventing and controlling infection

- Staff had completed training in how to reduce the risk of infection and they followed good practice guidance. They used personal protective equipment, such as gloves and aprons, to help prevent the spread of infection. Relatives we spoke with all confirmed that staff used this equipment.

Learning lessons when things go wrong

- Incidents or accidents involving people using the service or staff were managed effectively. Staff recorded these appropriately and the registered manager took action following accidents or incidents to reduce the risk of these reoccurring.
- Staff also put actions in place following incidents to reduce risks to people, for example from the risk of staff falling asleep on night shifts. Information about this was relayed to staff through meetings and during handovers between staff.

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

- Staff completed assessments of people's needs before they started using the service. This helped them to make sure they had enough staff with the right skills to meet their needs.
- Staff worked with health professionals and consulted national guidance about health conditions. This information was easily available for staff to consult when needed and it helped them better understand how people's specific needs should be met.

Staff support: induction, training, skills and experience

- Staff had received training when they first started working for the service and this was updated each year. They told us that they received other training, such as for specialised care needs like tracheostomy care.
- Staff members received supervision as individual meetings and they said that they could also contact the registered manager or senior staff at any time between meetings. They said these meetings gave them the opportunity to discuss issues and what was going well and they felt supported to do their jobs.

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

- Staff supported people to eat and drink if this was needed. They had enough information in care plans to know when and how they were to support people with feeding through external tubes into the stomach. Staff had received training in how to support people with these additional needs to make sure they received enough nutrition and fluid.

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

- Staff completed an 'all about me' form, which recorded important information about people, their needs, daily routines and preferences. People took the form with them when they visited other providers of care, such as hospitals. This meant that important information was available if the person was not able to tell others about their preferences and they did not have a staff member to help them with this.
- Staff supported people who received advice and treatment from health professionals, for example physio or occupational therapists. They followed advice given and one staff member told us this helped the young person attend school.

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 were supported by staff who understood the principles of the MCA, and who had received training in the MCA.
- No applications had been needed to be made to the Court of Protection to deprive people of their liberty.

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 treated kindly by staff, a relative told us, "Staff are nice, they include [person] in conversations. We've got a very caring bunch of nurses."
- Staff spoke about people with fondness, they showed concern and described how they made sure the person had everything they needed. They were aware of people's individual needs and preferences. One staff member told us, "My job is like being part of the person's family as we know them so well."

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

- Relatives told us their family members were involved in care decisions and how they preferred to have their care given. One relative said, "If we're around they involve us (too)." Staff explained how they supported people to be involved in their care. This included developing plans for people to assist with their care as their abilities increased.
- The registered manager said that one person used an advocate at the time of our inspection. They would refer people to advocacy services when needed.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us that staff respected their family member's privacy and dignity. One relative also said that staff were, "Considerate towards other people in the house." Staff told us they ensured the person was supported in a dignified way by closing doors and curtains. They covered the person up as much as possible while supporting them with personal care.
- People's confidentiality was maintained; records were kept securely in the service's office location.

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; 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's care needs were met and they were happy with the care they received. One relative told us, "Things are going well, [staff] do everything that's needed."
- People had care plans in place, staff have written these in detail and they contained personalised information about people. They gave staff enough guidance on how to meet people's needs effectively and safely. Each person had a stable staff group who had built good relationships and knew people's likes, dislikes and preferences.
- Each person's care plan was reviewed regularly unless there were any changes before that time. Relatives told us they were aware of these and reflected the care their family member's needed.
- Staff member told us how people liked to spend their day and how they supported them to do this. There was information and guidance in the people's plans about this.

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, and staff had guidance about how to meet these needs fully. Staff told us how they communicated with people and how they knew what people who could not communicate verbally wanted to tell them.

Improving care quality in response to complaints or concerns

- Relatives knew who to speak with if they were not happy with the care their family member received. One relative told us they had no concerns and the service was, "very responsive and they deal with things quickly."
- The service had received three complaints in 2019, which had been investigated and responded to.

End of life care and support

- Staff had support from health care professionals and direction would be taken from relatives in this situation. Staff had received training in end of life care.

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

- Staff were committed to providing high-quality care and support. They told us how they made sure people received the care they needed, and how they made sure this was how the person wished to be cared for. One staff member told us, "[Staff] work well as a team. I enjoy all aspects of my job. I would most definitely recommend the service to others. The difference we make to the person is they can live in their own home ... They live a normal life like anyone else." Another staff member said, "There is definitely an open and honest staff team culture where we can discuss or share information confidentially."
- Staff told us that the registered manager communicated well with them and they had regular contact, which provided them with the opportunity to discuss any concerns or issues.

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 provider sent us information about events and incidents that happened, such as possible harm, and what action they had taken to resolve or improve things. They displayed their inspection rating and told people and visitors what they had done to improve.

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

- Staff told us they were able to provide care and support to people because they had strong members of staff who supported new staff. They said they could raise issues with the registered manager and were confident their concerns would be listened to.
- Staff said the registered manager was approachable and would work with them if needed. One staff member told us, "The job is rewarding I like the (registered) manager. They are experienced and very helpful."
- The registered manager was supported by senior staff working in the service and by the provider's operational staff. This made sure the service ran well at those times when the registered manager was not available.

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

- People and their relatives had completed a survey, which showed positive comments about the service

and the care people received.

- Staff completed reviews of people's care, which also provided people and relatives with the opportunity to feed back about the service they received.
- Staff told us that they attended staff meetings, which gave them regular support and the registered manager shared information quickly with them.

Continuous learning and improving care

- Processes to assess and check the quality and safety of the service were completed. The registered manager and senior staff carried out audits, which meant they regularly identified areas of the service that required improvement and made those improvements in a timely way.

Working in partnership with others

- Staff worked in partnership with other organisations, such as the local authority safeguarding team. The provider and senior staff contacted other organisations appropriately.