

Apollo Home Healthcare Limited

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## 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

We inspected this service on 29 and 30 June 2016. This service provides care in people's homes to both adults and children. At the time of the inspection nine people were being supported by the service. This was the first inspection of the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe. When risks to people were identified action was taken to reduce these risks and staff were aware of what they needed to do. Staff understood safeguarding and knew how to recognise and report any potential concerns. There were procedures in place to ensure medicines were administered in a safe way. The provider ensured that the equipment in people's homes was safe to use.

There were enough staff available and they received an induction and training that enabled them to support people. Staff also completed work based competency's to ensure they were safe administering and completing procedures. The provider completed checks on staff to ensure they were suitable to work in people's homes.

Where people were supported with meals, staff offered support with eating and drinking and maintaining a healthy diet. They also supported people to access other health professionals when needed. Staff understood the Mental Capacity Act 2005 and gained consent from people before delivering care.

People and relatives liked the teams of staff that supported them and felt the service was well managed. They were also involved with reviewing their care. People's privacy and dignity was promoted. People were encouraged to make choices and remain independent. People knew how to complain and the provider had a system in place to manage this.

Quality checks were completed to bring about improvements. The provider sought the opinions of people and relatives to make changes. Staff felt supported and listened to and were confident any concerns they raised would be acted on. The registered manager understood the responsibilities of registration with us and notified us of significant events.

## 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.

People were supported in a safe way and equipment was checked to ensure it was safe to use. Risks to people were assessed and managed to protect people from avoidable harm. Staff knew how to recognise and report potential abuse. Staffing levels were sufficient to meet people's needs and medicines were managed in a safe way.

### Is the service effective?

Good ●

The service was effective.

The principles of The Mental Capacity Act 2005 were understood and followed. Staff received an induction and training that helped them to support people. People were supported with healthcare appointments if needed and people were supported to maintain enough fluids.

### Is the service caring?

Good ●

The service was caring.

People and relatives were happy with the staff. People were encouraged to be independent and make choices about their day. People's privacy and dignity was promoted.

### Is the service responsive?

Good ●

The service was responsive.

People and relatives were involved with reviewing their care. Staff knew about people's likes and dislikes and provided care and support accordingly. There were systems in place to manage and respond to complaints.

### Is the service well-led?

Good ●

The service was well led.

Staff felt supported by the management team and were confident that any concerns they had would be acted on. People and relatives felt that the service was well managed. Quality checks were used to bring about improvements and the provider sought the opinions of people and family's to make changes. The registered manager understood their responsibilities around registration with us.

# Apollo Home Healthcare Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on the 29 and 30 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. The inspection visit was carried out by one inspector.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. We used this to formulate our inspection plan.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a range of different methods to help us understand people's experiences. We made telephone calls to one person who used the service and three relatives. We sent out questionnaires to people who used the service and used this information to make a judgement about the service.

We spoke with two members of care staff, the registered manager and the commercial director. We looked at care records for two people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

# Is the service safe?

## Our findings

Relatives felt assured people were safe. One relative told us, "We sleep better now, we know they are in safe hands and the staff know what they are doing". Another relative told us, "No I don't worry". A staff member gave examples of how they ensured people were safe. They said, "It's the things we do like checking the equipment before we use it; if it wasn't safe to use then we would harm the person. We have training too, such as moving and handling that's all about safety, ours and the person we are supporting". The registered manager told us they completed checks on the equipment that people had in their homes to ensure that it was safe to use. This demonstrated staff knew how to support people in a safe way.

Staff knew how to recognise and report any concerns they had that people may be at risk of abuse. One member of staff told us, "its protecting people's interests and wellbeing. And keeping your eyes out for any signs of abuse or neglect". One member of staff said they would, "Definitely report it; initially I would phone up the office and I know I could go to other agencies like social services". We saw there were procedures in place to report any concerns and when needed these procedures had been followed by the provider.

Risks to people were identified and managed in a safe way. Staff we spoke with knew about individual risks to people and actions they would take to keep people safe. For example, a member of staff told us how a person was at risk of developing damaged skin due to pressure. They said, "We have to be aware of this and follow their care plan". They described the action they took to reduce the risk of the person developing a pressure area. They told us, "We reposition the person three hourly and we have to check that their pressure relieving mattress is working correctly". We looked at the records for this person and the actions the staff had described were documented in the person's risk assessments. This demonstrated staff had the information they needed to keep people safe from avoidable harm. We saw risk assessments were in place for people's home environments to ensure staff had guidance on any potential hazards. This included loose flooring or inadequate lighting. We also saw risk assessments for the office environment which included fire, display screen equipment and lone working.

We saw plans were in place to respond to emergency situations. Staff we spoke with were aware of these plans and the levels of support people would need in these situations. These plans identified the individual the support people would need if they were to be evacuated from their homes.

There were enough staff available to provide people with the agreed level of support. One person said, "Yes there are enough". A relative told us, "We have a team of staff which is great; we worked with the office to find those people and make sure they were suitable. They are a good bunch reliable and all lovely girls". The registered manager told us how staff were put into teams to support people. The amount of staff provided was based on people's assessed needs. They said, "We try to get staff to work across two teams so they work with more than one person that way we have a contingency plan for sickness and emergencies." Records we looked at confirmed there were enough staff available to support people.

There were procedures in place to ensure people received their medicines as prescribed. A relative told us, "The staff are very good with the medicines, very careful and knowledgeable". Staff told us they had

medicines training and their competency checked to ensure they supported people in a safe way. One staff member said, "We have annual training and then a competency check. We do stock checks in the home to make sure the medicines are correct and if we are concerned about anything we would contact the office". The registered manager told us that checks which included stock checks and audits of the medicines administration records were completed by a registered nurse to ensure the medicines were updated and correct.

We spoke with staff about the recruitment process. One member of staff who had recently started working at the service said, "I had to wait for my checks before I could start I needed references as well". We looked at two recruitment files and saw pre-employment checks were completed before staff could start working in people's homes. This demonstrated the provider completed checks to ensure the staff were suitable to work with people in their homes.

## Is the service effective?

### Our findings

Staff received training and an induction that helped them support people effectively. One member of staff told us about their induction. They explained they had the opportunity to spend time in the office going through processes and procedures; they told us they had three days of mandatory training and then the opportunity to shadow other staff members. They said, "Shadowing was massively useful, it helped me feel more confident and competent". This demonstrated staff shared skills and knowledge to offer support to people. Another staff member told us about the training they received. They said, "It's the best training that I have had in the 10 years I have been in care". The registered manager told us that due to the complex needs of people who used the service, the training was specific for people. Once staff had completed the training there was also a work based competency that had to be completed, these were also reviewed annually. The registered manager told us the training was, "Non-transferable between people as it is very specific to their individual's needs". A member of staff gave an example of how they had specific training for a person they supported. They said, "They taught us about the positioning of the legs, it was something we didn't know we have now introduced that to our practice". This demonstrated that staff received training that was specific to meeting people's needs.

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 or 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.

We checked to see if the provider was working within the principles of MCA. Most of the people the provider supported had capacity to make decisions for themselves. When people lacked capacity the provider told us they would ensure a mental capacity assessment was completed and decisions made in people's best interest when needed. Staff had received training on mental capacity and demonstrated an understanding. One staff member said, "We always ask people if they want medicines and what time they want to get up that way they are in control and making the decisions". This demonstrated staff understood the importance of gaining consent from people.

Staff told us they supported people to eat and drink and where needed, would record people's fluid intake. One staff member explained how a person was at risk of a health condition if they did not drink enough fluids. They said, "We encourage the person as much as we can, and we have a fluid chart that we records how much they drink". When people needed food supplements staff supported people to take these. A staff member said, "We remind the person they need to take these". Records we looked at confirmed that when people's fluid intake needed to be monitored, it was documented in the care plan and a fluid balance chart completed. When people had not received adequate fluids staff acknowledged this and took appropriate action.

People were responsible for managing their own healthcare needs however staff told us they would offer

support to people if they requested it. For example, a staff member told us if a person asked them to make an appointment for them or take them to a health appointment then they would be happy to support with this. Staff told us if they had concerns about people's health they would contact the office for advice. The registered manger told us that if needed they would refer people to health professionals for advice and support.



## Is the service caring?

### Our findings

People and relatives were happy with the way the staff supported them. One person said, "I like the staff who come, I helped choose them". A relative told us, "The team we have now really gel. They are absolutely perfect, excellent". A relative told us about the process of choosing the team to work with their relative. They explained they were sent profiles of people and then if they thought they matched their relative then they had the opportunity to meet them. Once they had met them they feedback their views to the office and a decision was made. The relative said, "We have picked staff and when they have started working with us it hasn't worked out so we have had to find others, but we have got it right now". This showed people and their relatives were involved in making decisions about their care and support.

People's privacy and dignity was upheld. One person described the staff as, "Respectful of my house". Staff gave examples of how they promoted people's privacy and dignity. One staff member said, "I close the door when I am supporting with personal care and I let the relative know so they don't come in and disturb". Another staff member told us, "When [person] has visitors I go into the staff room, I know they like to spend time alone and don't want me to intrude".

People were encouraged to be independent and make choices about their daily routine. One person said, "I like to do things for myself if I can". They also said, "The staff go along with my wishes so if I want to go out or stay in I can". Staff gave examples of how they promoted peoples independence. One staff member said, "If I know [person] can do something I encourage them to do if for themselves, I just support them verbally". The care files we looked at had information about people levels of independence and stated what people could do for themselves and what support they needed.

## Is the service responsive?

### Our findings

Staff knew about people's preferences. One staff member said, "I know [person] likes hot milk in a morning, but I still double check they are happy with that". Another staff member told us, "We get information about people from other staff, families and the care plans. They are very person centred. We also have a handover at the start of each shift so that keeps us up to date about any changes that have happened". The records we looked at showed us that people's likes and dislikes were taken into account to ensure people received personalised care and support.

The service was flexible in meeting people's needs. One relative told us, "If we change our mind at short notice, they accommodate that". The registered manager explained that they tried to be as flexible as possible. They said, "If we can we change things we try to be as flexible as we can in meeting people's needs, we know things can change at the last minute".

People and their relatives were involved with reviewing their care. The registered manager told us that care plans were not finalised until people had checked and agreed them. They said, "We send people a copy and they add things on and we change it, we ask they to sign them when they are happy and its only then they go in the file". Relatives confirmed this happened. Six monthly reviews of care were completed by the service and when changes were needed records were reviewed and updated to confirm this. This ensured people's care and support continued to meet their needs.

People were supported with leisure activities. One staff member said, "We support people to go to college and to do their shopping if they want to go out". Another staff member said, "Some people we support 24/7 so we do things with the person, for example they may like to pop in to town or anywhere really". This showed us when needed people were supported to maintain links with their local community.

People and their relatives told us they would be happy to raise any concerns or complaints. One person said, "I would tell the staff". A relative told us, "I would ring the office I know they would sort it". The provider had a complaints policy in place and a system to monitor and review these complaints. We saw that when needed complaints had been responded to and action taken in line with the policy.

# Is the service well-led?

## Our findings

The service was well managed. Relatives and staff told us they were happy with the support they received. One relative said, "We are very well informed and communication is good which is key. We contact the office if we need to and they sort things for us without delay". Staff told us they received support from the management team. A member of staff said, "If I'm unsure or worried about anything, I ask the team and manager. They are so supportive they will help me with anything, nothing is too much trouble or a problem". The registered manager told us there was an out of hours on call system available for staff if they needed support. One member of staff said, "I have had to use it and they were helpful, it was a problem that I didn't think we would be able to sort out but they helped me to". Staff told us they received regular supervisions and had the opportunity to attend team meetings. One staff member said, "I have had two already and I have only been here a few months which is good".

Staff were happy to raise concerns and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. One member of staff said, "I would definitely do this, it's if someone is in the company and I'm concerned about them". We saw there was a whistle blowing procedure in place and it was displayed around the home. This showed us that staff were happy to raise concerns and were confident they would be supported and appropriate action would be taken.

Quality checks were completed by the registered manager and provider. These included checks of medicines, safeguarding and accidents and incidents. The registered manager told us they used this information to identify trends that were occurring in the organisation and discussed these during a weekly governance and risk management conference call within the organisation. Spot checks were completed by senior member of staff which reviewed care records and equipment within the person's home. They also looked at how well the staff member knew the person and the care that was being delivered. Where concerns had been identified, an action plan had been put into place and action taken to make the required improvements. For example, a medicines audit had been completed and it was noted signing errors had occurred. We saw that this had been discussed with the staff member and no further errors had occurred. We also saw other actions that were implemented following this. These included the introduction of a medicines reference sheet. This was a 'live sheet' which identified any changes in people's medicines. This demonstrated when concerns were identified action was taken to bring about improvements.

People and relatives told us they had the opportunity to give their feedback on the service and changes were made if they were unhappy. For example, a relative explained how they were unsure about a member of staff who had started working with their relation. They told us, "They were a nice person just not right for my relative. The service held a meeting with the family to discuss this further and the outcome was that a more suitable staff member was found for the person. This showed us that the provider sought the opinions of people and their relatives to make improvements to their care. The registered manager told us they were in the process of developing a formal questionnaire that would be sent to people and family's and this information would be used to make improvements in the service where needed.

People's rights to confidentiality were protected. All personal records were kept securely on a computer

system in the office. We were told each person also had a copy of their records in their homes. The registered manager understood their responsibilities of registration with us and notified us of significant events that occurred at the service. This meant we could check that appropriate action had been taken.